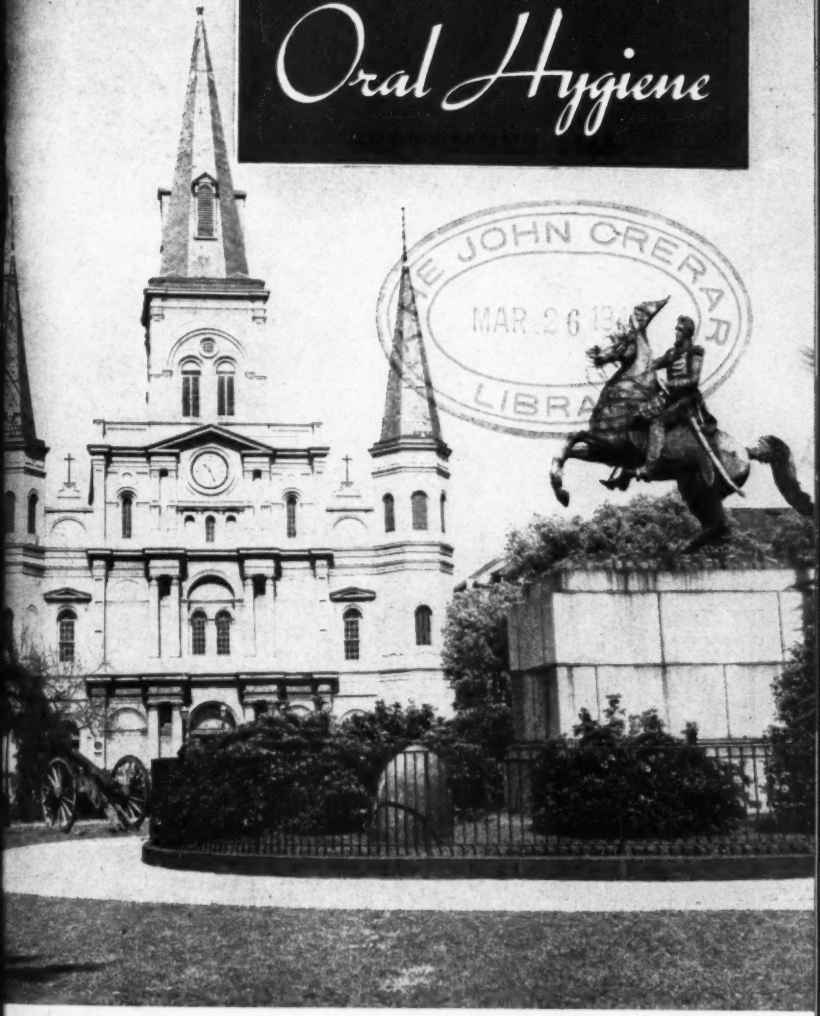
Oral Hygiene



New Orleans Dental Congress, October 24-27 (see page 1380).

In This Issue:

LET'S KEEP UP THE FIGHT FOR AUTONOMY

ADD to your patient's comfort SUBTRACT from your own fatigue

Nine times out of ten a patient will tell you what he dreads most is the operation of the handpiece, though he may call it "drilling" or "grinding."

When a *SANI-TERRY* Handpiece is used there is much less discomfort for the patient and less fatigue for the dentist. A new *SANI-TERRY* Handpiece is true-running, smooth in operation and free from unnecessary vibration. It retains these qualities because of its unusual resistance to wear. Work proceeds more rapidly because of the patient's freedom from strain.

There is no backward drag on operator's wrist since the weight is balanced at the point where the handpiece is naturally grasped.

CLEV-DENT CONTRA-ANGLE U

If preferred, Clev-Dent Contra-Angle U may be used with the Sani-Terry Handpiece. It fits accurately over the handpiece and is free from unnecessary vibration.

KO

Technique is your business
Better Impression Material is ours!

The sole purpose of Konformax Full Mouth Impression Material is to aid you in obtaining better full mouth impressions. To accomplish this result, Konformax Full Mouth Impression Material gives you . . .

Adaptability — **can be used with any technique.**
Accuracy — **does not dehydrate tissue. Flows without pressure, registering tissue in normal position.**
Stability — **impression does not change, pour model at any time.**
Simplicity — **use complete contents of both tubes. No measuring, no guesswork, no errors.**
Cleanliness — **use package as mixing cup. No mess to clean up.**
Speed — **1 minute to mix . . . 1 minute to transfer . . . 5 minutes in mouth.**

Literature Sent On Request

KONFORMAX DIVISION, PERMATEX COMPANY, INC., BROOKLYN 29, N. Y.

New Tube FOR D P

NEW, POSITIVE SEAL

Will not open on boiling.
Developed by D-P because
you asked for it!

Check these Features

✔ No mixing. ✔ No muss. ✔ Usable at near body temperatures.

✔ Unsurpassed in strength, toughness and elasticity.

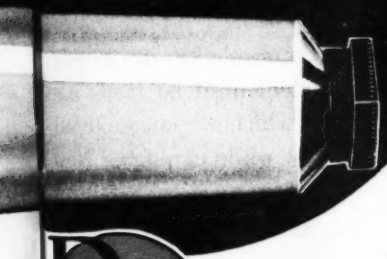
✔ Extremely accurate for Partial and Indirect Inlay Impressions.

✔ A perfect set on all stones and investments.

MPRESSION COLLOID

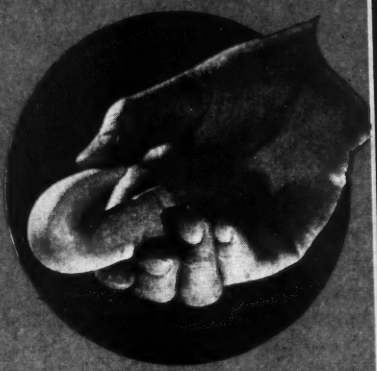
NO WASTE

emovable cap allows only as uch material to be used as may e needed. The balance can e preserved.



DENTAL
PERFECTION CO.

3 West Arden Avenue
endale 3, California

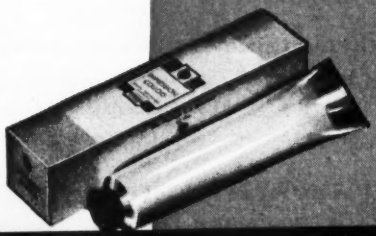


Picture of D-P Impression Colloid removed from tube and bent double, illustrates material's pliability and strength.

AND INSIDE—THE SAME AMAZINGLY PLIABLE IMPRESSION COLLOID

The illustration above is an actual photograph—and proves conclusively that D-P IMPRESSION COLLOID can be used for impressions which include the most severe undercuts and angulations of teeth imaginable and that it can be removed from such undercut areas without breaking or even suffering the slightest distortion.

Try a dozen tubes and if D-P Impression Colloid is not what you have been waiting for, return the balance for full credit.



The Publisher's Corner

By Mass Number 326

THIS AND THAT

A FLORIDA FRIEND of the department, Larry Doyle of Fort Lauderdale, suggests a slogan for the exodontists: "We must all pull together, men!"

* * *

The Veterans Administration (which ought to know better) sends a mimeographed news release referring to "doctors and dentists."

* * *

Doctor Howard Hartman, of ORAL HYGIENE's "Portraits and Profiles" department, will never be content until he feeds me smothered octopus, an advertisement of which we encountered in a Greenwich Village restaurant window while exploring New York some time ago.

* * *

A thought while thinking: When you borrow trouble, you pay heavy interest. And you borrow trouble when you don't need it at all.

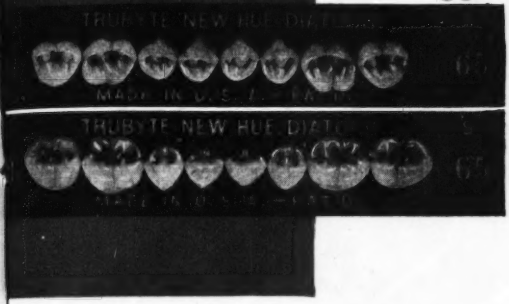
* * *

A California friend of this nook, Helen Webster MacDonald of San Bruno, collects odd facts and fancies about teeth. (Mac

(*Continued on page* 1352)

here's a best posterior tooth for every **denture** technique

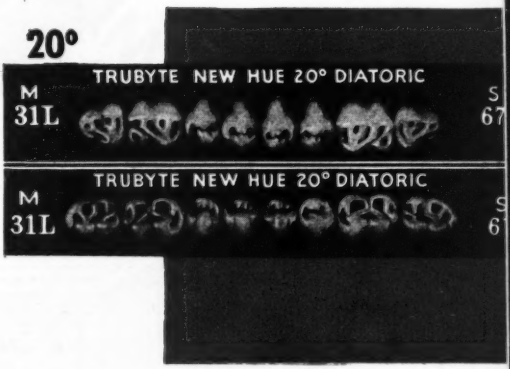
33°



Trubyte New Hue Posterior

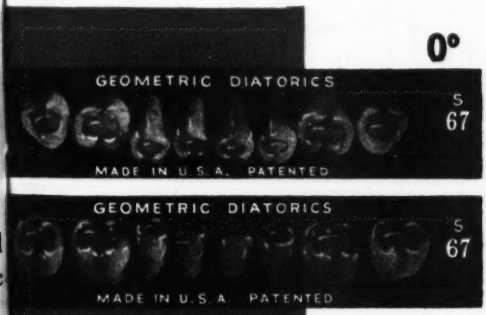
Trubyte New Hue Posteriors have cuspal inclinations that are comparable to those of moderately worn natural teeth. Especially suited for partial and full dentures that oppose natural teeth, and for full denture cases in which individual condylar records have been made.

20°



Trubyte New Hue 20° Posteriors are by far the most popular teeth for full denture work. Their low cuspal inclination minimizes lateral thrust. Their narrow occlusal contact minimizes pressure on the underlying ridge.

0°



Geometric Posteriors in Trubyte New Hue Shades

For those dentists who prefer posterior teeth with no lateral cusp inclination, Geometric Posteriors are available. Designed by J. B. LaDue, D.D.S. and J. A. Saffir, D.D.S., Geometric Posteriors possess definite advantages over all other flat plane teeth.

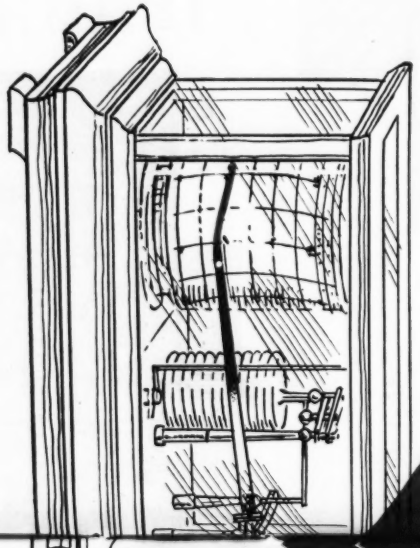
they're all products of

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 WEST 42ND STREET, NEW YORK 18, NEW YORK

YOU CAN FORGET THE WEATHER WITH

PRE-MIXED VERNONITE GEL



Extremes of humidity and temperature adversely affect the mixing of acrylic powders and liquids. But that's not all. To the considerable influence of Jupiter Pluvius and Old Sol you can add the undesirable variables of hand spatulation. Chances are no two batches are ever hand ixed exactly alike! But enough of old-fashioned materials and methods. VERNONITE GEL is mechanically pre-mixed at the factory under scientifically controlled conditions. It comes to you ready for use and always uniform *whatever the weather.* And it saves much valuable laboratory time. Restorations processed with Vernonite Gel have greater uniformity. They are stronger, harder dentures. And they have a more life-like translucent color.

For the utmost in denture satisfaction ask your laboratory to use VERNONITE GEL.

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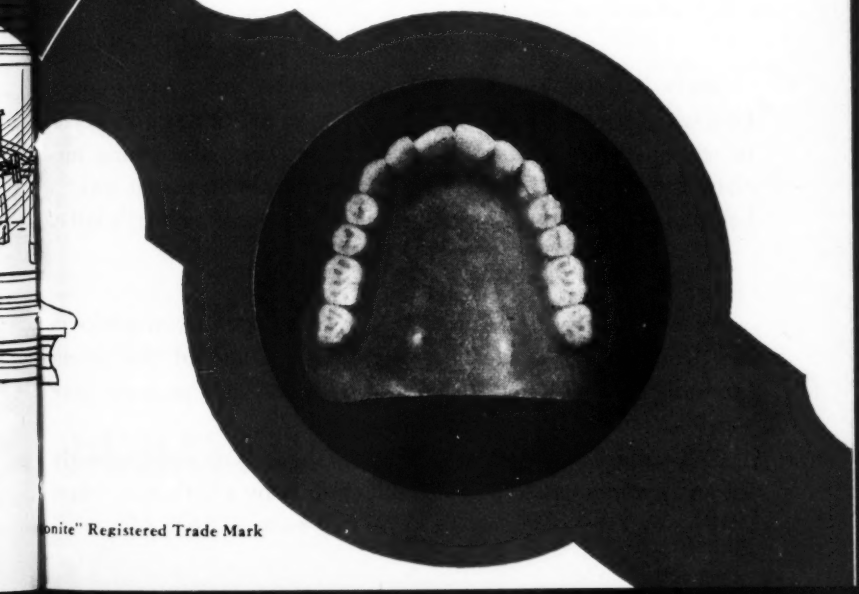


onite" Registered Trade Mark

(*Continued from page* 1348)

used to sell 'em at the Edwards depot in San Francisco.) This one, for instance: "The natives of a small, very wild community near the headwaters of the Nile collect a tooth from any debtor who cannot pay his debt to any other member of his tribe. Since the loss of a tooth is considered to be a disgrace, debts are paid very promptly." And this one: "Natives of one of the islands down in the South Seas often compel their children to swallow small pearls, convinced that they enter into tooth structure immediately, assuring the kids of pearly teeth."

* * *

Another friend confesses that when he's in a terrible tizzy, and can't reach a decision about something, he writes himself a letter—talks to himself on paper. Because the letter is for his eyes alone, he doesn't pull any punches. He tries to stick to plain facts, even though they make him appear, to himself, in a bad light. Thus, he claims, in reaching a decision he avoids sweeping unpleasant truths under his mental carpet.

* * *

Early in June, right after June ORAL HYGIENE came out, a Louisville friend of the magazine wrote to the CORNER to say—in star-spangled phrases—that he agrees with the young mechanic, the patient Doctor Earl Crary told about, that it was "a hell of a trick" letting him polish his own denture on Earl's lathe.

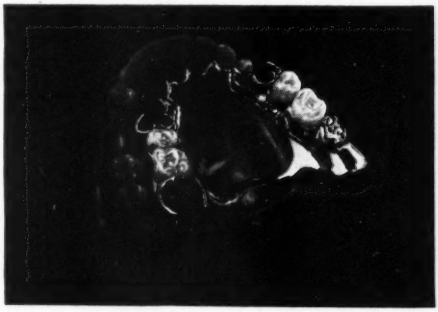
* * *

Another Louisville reader, Miss E. A. Luster (who works in the dental field), writes to comment on some of the recent CORNERS reporting dentists' pet peeves. She says patients have 'em too.

As a patient, among her own peeves she tells of arriving early for an appointment, to be greeted languidly by a listless assistant

craftsmanship—

NOT
conveyor-
belt
methods



Good craftsmanship comes with personalized service, not with conveyor-belt production methods. That's one of the many reasons you receive expert precision workmanship from your Durallium laboratory.

Whatever its size, your Durallium laboratory is compact enough . . . yet specialized enough . . . to give your cases individual attention *plus* skillful handling. And however large it may be, your Durallium laboratory uses no hasty, speeded-up mass production methods.

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reading *True Stories*. While she waited beyond her appointed time, Miss Luster herself was obliged to read three-year-old magazines as other patients came and went. She overheard a phone conversation: "Yes, Mrs. Brown, we're busy. This afternoon? Does the tooth hurt you? Oh, you just want a general checkup. Well, come on in—I believe we can work you in somehow." That, thought Miss Luster, "is why I am having to wait so long."

An hour later, she writes, she was debating about waiting any longer. "Then, finally, I am shown into the sanctum sanctorum. I sit down in the chair, relax, open my mouth and close my eyes. What happens? Nothing! After a while I open my eyes and glance around. I'm all alone." The dentist had gone off somewhere. Finally he came back, she says, then left again. "I hear a conversation about the number of fish in Lake Chauchomega. By this time, I feel like yelling gently: 'Hey, Doc, the hell with the fish in Lake Chauchomega! *How about my teeth?*' "

Then, she continues, finally "the dentist does get around to me. Carefully, he props my mouth open, fills it with cotton rolls, retractors, and other things, then casually he asks me, 'Who put in that lousy bridge?' My attempts to reply are disastrous."

After ten minutes: "I'll have to put in a temporary filling and finish next time. See you Thursday."

Then, remarks Miss Luster, "the assistant removes the too-short bib which has been choking me, and lets me get out of the elevated chair as best I may."

On the way out, she glanced into the laboratory's open door and saw "a heterogeneous mass, apparently held together by gobs of plaster—dentures, bowls, dirty rags and what-not."

She got back to her own office. "The total elapsed time had been three hours. I've missed my lunch and am cranky all afternoon."

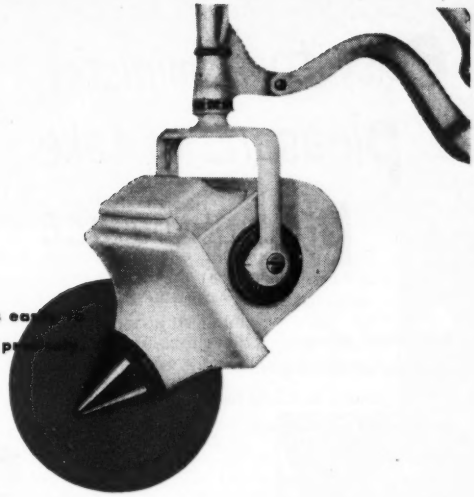
It never happened to me, but Miss Luster says it sure enough did happen to her.

the EYE that sees the facts

When a patient comes to you in pain, he may ask you to make a decision within minutes that must last him a lifetime. Ever ready to support your hands and your judgment with scientific insight stands the General Electric CDX dental x-ray unit.

With a CDX, your x-ray work is precise—safe—quick. The tube head quickly swings into place for the most difficult angulations, while your patient remains comfortably upright. Diagnostically clear radiographs soon confirm your most critical opinion.

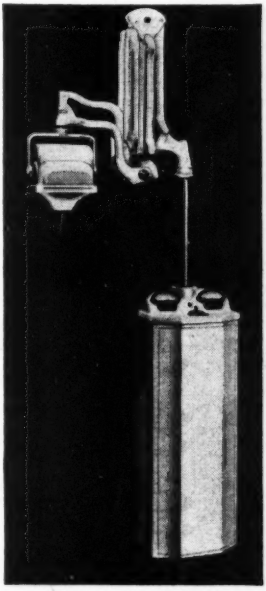
The efficient performance and safety of General Electric x-ray units are proved by long success in dentistry, medicine, therapy and industry. The General Electric Research Laboratory, creator of the Coolidge tube which is the heart of each CDX, is continually working to improve public health. For your patients, the G-E emblem on your x-ray unit spells dependability. For you, it means scientific surety in all your dental work.



The flexible tube head swings eas
position—holds the placement pr

CDX—easy to use—convenient—safe

The CDX tube head, rotating 360° vertically and 290° horizontally, simplifies angulation while allowing patient to remain comfortable. Precise, clear detail is assured by small focal spot of Coolidge x-ray tube, automatic focus centering cone, and the exclusive Kearsley Stabilizer which limits milliamperage variation to within ½ ma. Oil-immersed tube and high-voltage parts are vacuum-sealed against shock, dust, climate and altitude. Additional lead shield means extra safety. The small size and streamlined shape of the CDX tube head help it position with an ease no other unit can equal. For illustrated booklet, write: General Electric X-Ray Corporation, Dept. I-3, 4855 McGeoch Ave., Milwaukee 14, Wisc.



General Electric X-Ray Corporation manufactures and distributes x-ray apparatus for dental, medical and industrial use; electromedical apparatus; x-ray and electromedical supplies and accessories.

GENERAL ELECTRIC

X-RAY

easy to administer, pleasant to take prompt to act

A balanced saline combination which acts by simple osmosis to dilute fecal residue and produce soft fluid bulk . . .

Stimulates peristalsis and promotes *speedy* but *gentle* evacuation.

* *Average dose*

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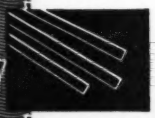
GOOD WORK

comes a lot easier when you pick the right Solder Shape

A wealth of practical experience evolved the very wide range of Ney solder shapes briefly described on this page. Each has its proper uses . . . and when so used will help the technician to do better work consistently and with a saving of time. At least half the battle in good gold soldering will be won when you pick the right shape. Let your Ney Technical Representative help you, or write for our helpful folder.

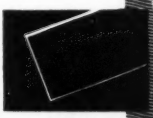


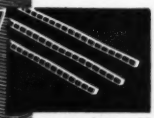
NARRO-STRIP

New, thin strip shape for fine work. 1 dwt strips, 1/16" wide x .016" thick. In all popular finenesses.

RECTANGLES

1 dwt pieces, 1-1/2" x 3/8" for those who cut their own special sizes. (All finenesses except .615 and .585.)



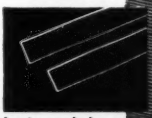


NEY SOLDER ROD

Exclusive Ney shape, 1 dwt rods, .038" square, marked off into cubes by knurling. Holds flux, melts off clean at marks . . . saving solder and permitting accurate work.

1 dwt and 2 dwt STRIPS

Popular strip solder, 1/8" wide x .0125" thick. Use where a larger amount of solder is needed, as in building soldered bridgework, etc.

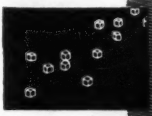


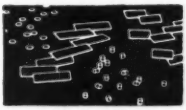
WIRE

For orthodontic use. Supplied in 5 dwt containers in the popular 26 and 28 gauges; also in 6" lengths to fit soldering pencils.

CUBES

In 2 dwt containers. Cubes are .038", especially useful for very accurate soldering as in precision attachment work or building contacts on inlays.





SPECIAL ORTHODONTIC SOLDERS

Band Solder, .809 Fine; .20" x .062" x .0075". Attachment Solder, .560 Fine; .127" x .062" x .0075". Solder Ferrules, .560 Fine; .032" inside dia. x .003" wall. Solder Discs, .560 Fine, .030" dia. x .0075" (also available in PALINEY MEDIUM FUSING).

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Charles Edouard Brown-Séquard
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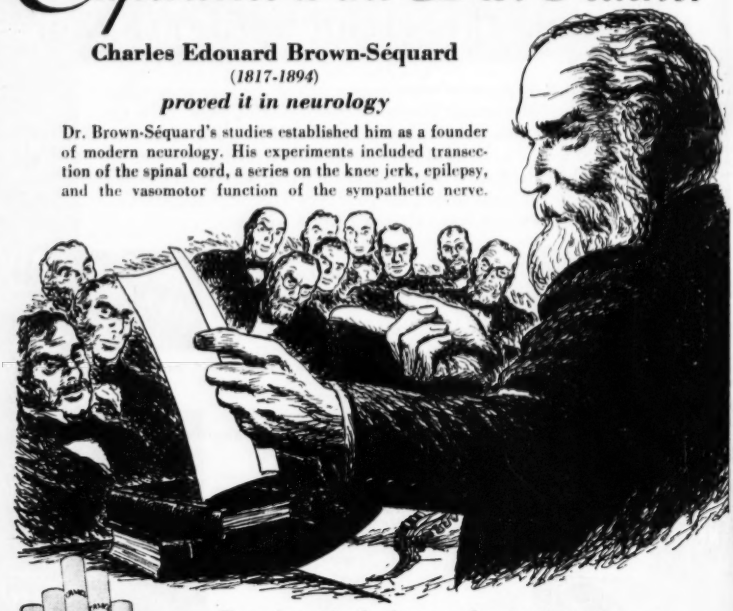
proved it in neurology

Dr. Brown-Séquard's studies established him as a founder of modern neurology. His experiments included transection of the spinal cord, a series on the knee jerk, epilepsy, and the vasomotor function of the sympathetic nerve.



Experience is the best teacher in cigarettes, too

YES! Millions of smokers who have tried many different brands found from experience that Camels suit them best. As a result, more people are smoking Camels than ever before. Try Camels! See how *your* taste appreciates the rich flavor of Camel's choice tobaccos. See if *your* throat doesn't welcome Camel's cool mildness. Find out for yourself why, with millions of smokers, Camels are the "choice of experience."

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According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

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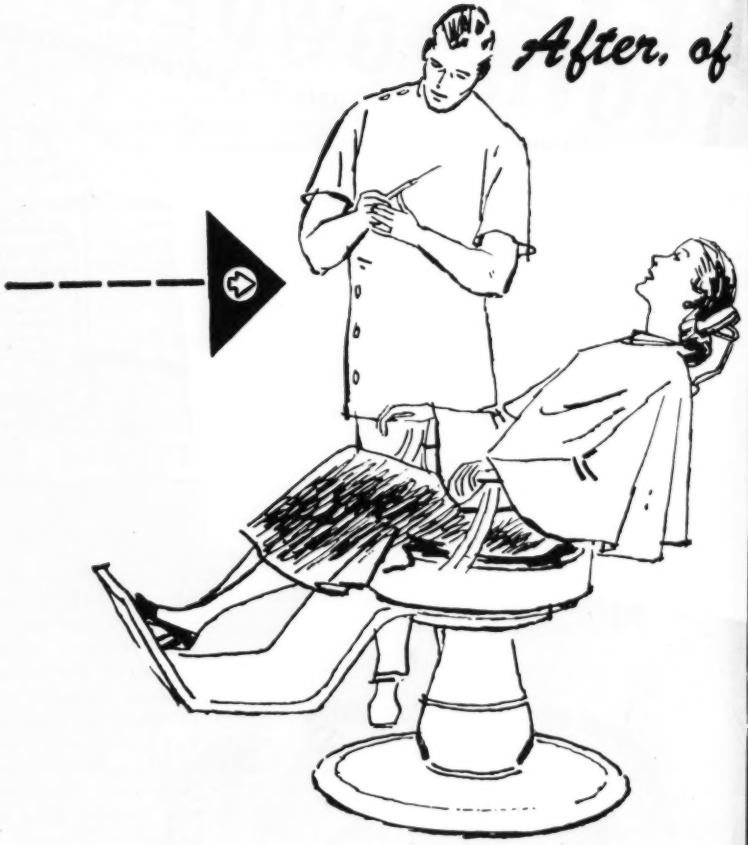
ALL METAL CANS

Dentists in large numbers throughout the country are recommending Revelation Tooth Powder, according to recent surveys. Cleans teeth safely, thoroughly, pleasantly. We invite you to test it at our expense. *Please include professional stationery with your request for samples.*

A NATIONAL FAVORITE FOR OVER FORTY YEARS


After, of

Course . . . but Before as well

Anacin's outstanding value *following* painful dental procedures is widely recognized and extensively used. But equally valuable is Anacin's usefulness *before* such procedures. Because it not only helps to alleviate pain, but also to allay apprehension, Anacin is gratifyingly effective in securing relaxation *prior* to dental treatment.

Are you using Anacin's Free Monthly Service? If not, a note on your letterhead will bring it to you. . . . Whitehall Pharmacal Company, 22 East 40th Street, New York 16. N.Y.

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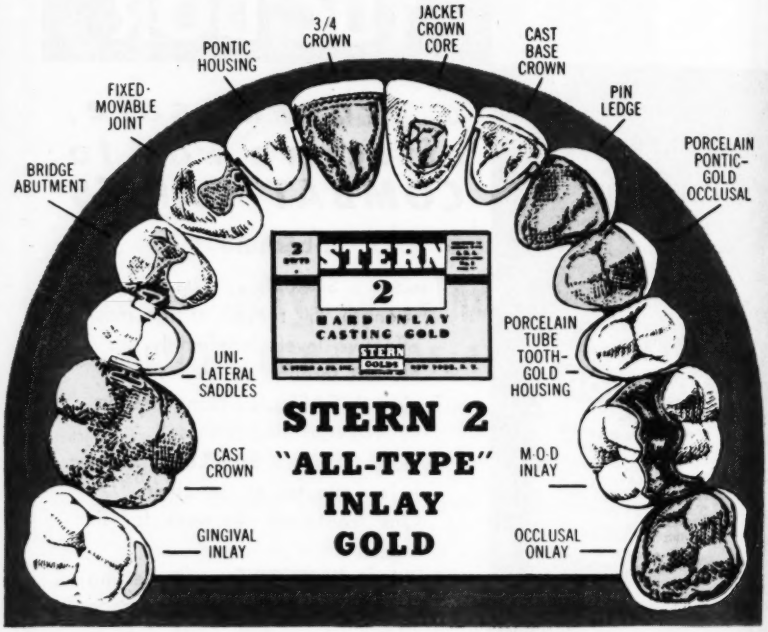
SEND FOR THE FREE BOOKLET "48.2% FEARED PAIN"
It's a comprehensive, well documented review of some of the newer medical aspects of pain prevention and control having *practical* application in Dentistry.

One INLAY GOLD FOR *All* INLAY REQUIREMENTS ☆☆☆☆☆☆☆☆



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ELONGATION:	25.5%
FUSING RANGE:	1645° F. to 1755° F.
PROPORTIONAL LIMIT:	Annealed 33,000
BRINELL HARDNESS:	Annealed 112
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Stern 2 is the ideal gold indicated for ALL TYPES of inlays because of its high tensile strength, ductility and Brinell hardness. Burnishable and has a rich gold color.

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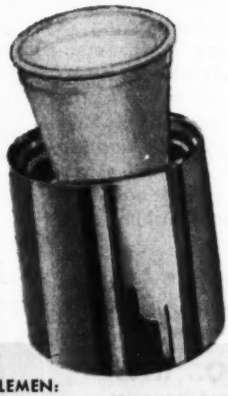

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GENTLEMEN:

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Bill through . . .

Dealers Name.....

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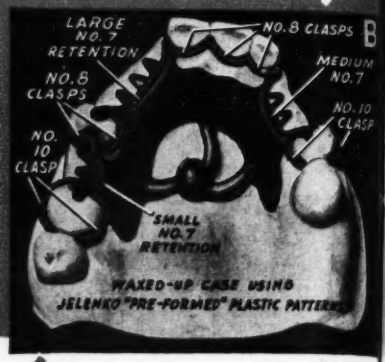
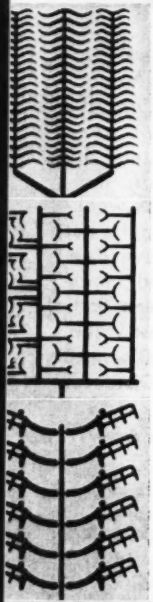
"WAXING UP" is So Easy with!



JELENKO *Pre-Formed* PLASTIC PATTERNS

This horseshoe plate, with acrylic attachments, shows how **Jelenko "Pre-Formed" Plastic Patterns** can speed up wax-up. A hand wax-up of this case (A) requires slow, careful carving of clasps, continuous clasp, finishing lines, retentions. **Jelenko "Pre-Formed" Plastic Patterns (shown in color in B) supply all these hard-to-wax units — ready to lay on model, and adapt to design.** Only 3 occlusal rests and the palatal section are hand waxed. And these precision-made patterns save gold, producing clean, sharp castings needing minimum finishing with minute grinding loss.



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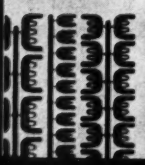

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THE CHOICE OF LEADERS

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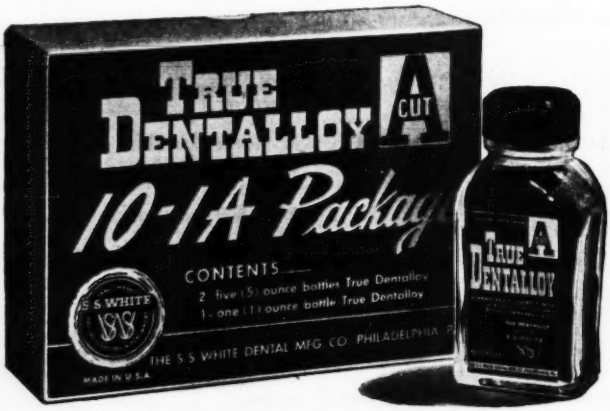

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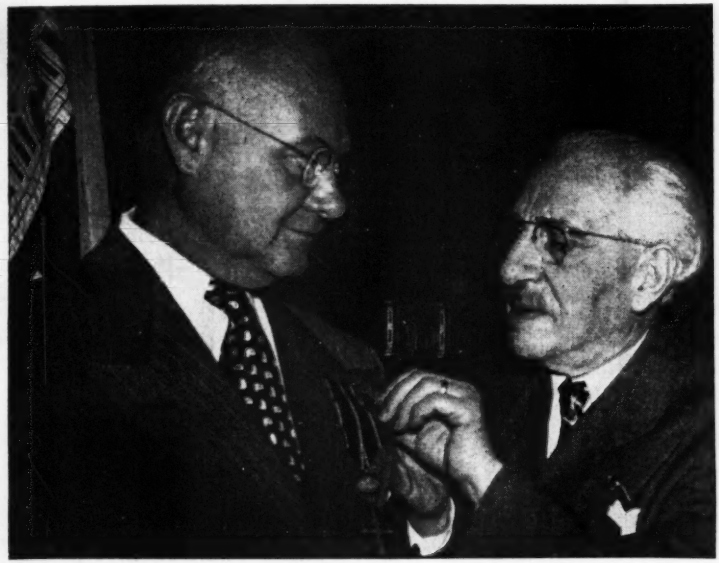
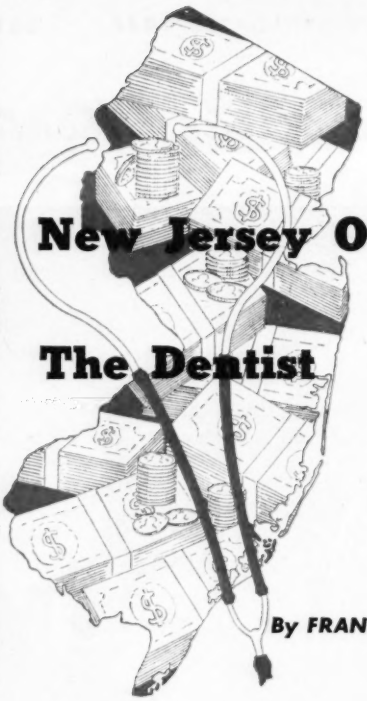
OVER A CENTURY OF SERVICE TO DENTISTRY

Picture of the Month



DOCTOR WILLIAM H. HYDE, dentist of Brooklyn, New York, receives the Imperial Order of Constantine of Saint Stephen Chevalier Officer class from the Greek Government for meritorious and distinguished services during World War II. Colonel Denys K. Zongos presents the decoration on behalf of the Greek Government. Doctor Hyde served as a Lieutenant Colonel in the Southwest Pacific. He also has received, among other decorations, the Conspicuous Service Cross, the Cross of Valour of the Polish Government, and the Purple Heart.—*Photograph submitted by L. N. Nadelbach, D.D.S.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 *Church Street, Evanston, Illinois.*



New Jersey Overlooks The Dentist

By FRANCIS L. GOLDEN, D.D.S.

ARE DENTAL defects and dental infections on a parity with systemic diseases? If a physician can certify the illness of a patient so that sickness-disability benefits can be paid, why cannot a dentist likewise grant such certification?

This is the problem that confronts the dentists of New Jersey as they await the administration of the new Cash-Sickness Disability Fund. The Act takes effect January 1, 1949, and $50,000,000 has already been allotted to the State by the federal government.

This money actually is the worker's contribution (1 per cent of wages) to the Unemployment Compensation Fund. It is no government handout. New Jersey is one of but two states (Alabama is the other) that has collected Unemployment Compensation wage deductions from employed persons.

Only two other states, California and Rhode Island, have set up such a nonoccupational sickness benefit act. New Jersey becomes the third state. The public policy of this State, already established, was to protect employees against

Cash-Sickness Act fails to include dental illness as reason for benefit eligibility.

the suffering and hardship generally caused by involuntary unemployment. Now wages lost because of inability to perform the duties of a job interrupted by illness would be partly restored through disability benefits. The measure applies only to nonoccupational sickness and accident. It does not conflict with the existing statutes on Workmen's Compensation.

Ultimately $200,000,000 will be available for the workers of New Jersey who are declared eligible for such benefits. Medical certification of the illness is a requisite step before payments are allowed. But there is nothing in the law referring to dental illness or dental defects as a regular claim for disability benefits.

Why is this?

Is this legislative indifference to the welfare of dentistry intentional?

The answer is "No." It is the apathy of the dental society that is responsible. On the night of March 24, 1948, the Assembly Chamber of the New Jersey Legislature in Trenton was in a frenzy over the passage of the Cash-Sickness Disability Benefit Fund. Proponents and antagonists of the measure flooded the room with oratorical persuasiveness; lobbyists scurried here and there seeking needed votes. The debate was bitter, but the measure passed.

Organized Dentistry

As I looked around the Assembly Chamber that memorable night of March 24, I saw the active agents of the New Jersey State Medical Society, the insurance companies, the labor unions, *but there was no one in the room speaking for organized dentistry.*

I asked several prominent dentists in New Jersey why the profession was not "on the alert." I pointed out that the new law sets up an Advisory Council on Disability Benefits. On this Council will be four representatives of labor, two representatives of employers, two representatives of the insurance companies, and two representatives of the medical profession; all to be appointed by the Governor with the advice and consent of the Senate. I wanted to know why there was no representation for the dental profession.

I received some startling replies. In the first place *I did not find one dentist who knew that such a law was under discussion.* Yet, New Jersey newspapers have been reporting the bill, analyzing it, for the last two years during which the measure was being debated.

I pointed out that there would be many instances of nonoccupational sickness because of dental illness. Why should not the dental profession be admitted to a full partnership with the medical profession in such matters? I pointed

out that many dentists would be in a position to share these benefits with their patients if there was a full understanding of the Law; that there might be dental certification, as well as medical certification, before benefit payments could be authorized by the State.

If a worker is disabled through dental defects, he should be legally entitled, under the Act, to prosecute his claim. You will not find such wording in the Bill; but is it implied that illness is illness, no matter what organic disturbance causes it? This is a mooted point that will be clarified. Suppose the dentist makes a number of extractions or treats a stubborn Vincent's infection; isn't his patient entitled to benefits? From such benefit payments he may be able to pay the dentist, the pharmacist, or any other agency that aided his recovery. It is both reasonable and logical, therefore, that the dental profession be alerted to the part it must play in this sickness-disability program.

Will the profession awaken? Not only in New Jersey but in other states where this progressive legislation will spread? My friends in the profession to whom I talked seemed doubtful. They cast a pall of gloom over any attempt to fight for their rightful prerogatives. In every dental society there are only one or two energetic members who must shoulder all the burdens of activity. Many older members of the profession, well-established financially, show scant interest in

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ORAL HYGIENE AWARD

This article by FRANCIS L. GOLDEN, D.D.S., *has won the* $100 ORAL HYGIENE *award for the best feature published this month.*

★ ★ ★ ★ ★ ★ ★ ★

the problems confronting the new, younger members of the profession. And it is the aid given the younger dentists by Veterans Administration referrals and this new Cash-Sickness Disability Act that may, in many instances, pay much of the monthly overhead.

Dental Lobbying

Another point brought out in the conferences I have had with my friends is the failure of the profession to set up in each state capitol a paid representative to watch carefully every bill introduced into the state legislature. Many legislative measures, while having no immediate direct bearing on dental welfare, may, over the years, affect generally the economy of the state; resulting in lowered dental incomes.

One could not be around the State House in Trenton as long as I have been without observing the groups and organizations who descend on the Legislature each session with bold attempts at slicing the commodity dollar into large chunks for themselves. After they all take their bite, there is little left for the dentist who must depend, in a great measure, on local prosperity for a decent livelihood.

Eternal watchfulness pays dividends. Back in 1775 our forefathers were concerned with the problem of taxation without representation. They started a successful revolution. It is time the dental profession looked into their lack of representation on many public projects and measures.

Trenton Trust Company Building
Trenton, New Jersey

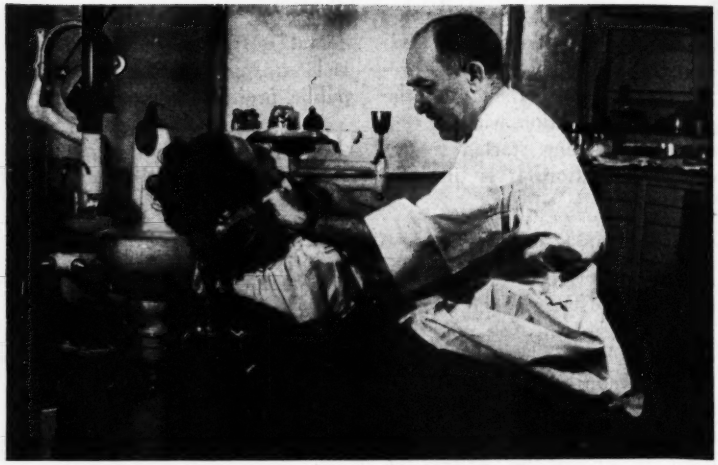
COMMUNISTS TRY TO TAKE OVER A MEDICAL SOCIETY

REMARKABLE proof of Communist strength was given recently in the election of officers of the Medical Society of the County of New York. This is one of the five counties that make up New York City. It is identical with Manhattan Borough.

A Communist front, the Physicians Forum, has long been active in various parts of the United States. This year it was strong enough to enter its own slate in the race for officers of the Medical Society. What it counted on was the fact that few of the members ordinarily vote.

The Communists would have won if the old-line group in the Society had not roused out a big vote by accusing the Physicians Forum of wanting "socialized medicine." Actually the question at issue was much bigger than that of "socialized medicine." The question was whether Communists should get control of the Medical Society of the central borough of the biggest city in the United States. Last year the total vote in the election was 285. This year the Communists alone received more than four times that number. Total vote was 3,287. The old-line ticket received 2,083, the Communist-controlled ticket 1,204.

Although most of the 1,204 physicians who voted for the Communists' ticket are not Communists themselves, many of them are. The Communists appealed to non-Communists by capitalizing on real grievances, like discriminatory practices in medical schools and hospitals, and low pay of physicians who care for the medically indigent in hospitals and dispensaries. One way to defeat Communist influence is by remedying these evils. When a Communist-controlled slate gets 36 per cent of a vote among physicians, it is time to wake up.—From *Counterattack*, New York City.



Doctor Newman finds that 95 per cent of all extractions can be performed from a sitting position.

Relax And Extract

By MEYER GEORGE NEWMAN, D.D.S.

THE APPLICATION of a person's energies in proportion to the need of any specific problem is concomitant to the quality of the finished work over a definite period of time. I know that we will all agree that vast amounts of energy are consumed because of a dental patient's oral problem. Considering this daily consumption of energy, it is a great wonder that many dentists have not thought to eliminate what amounts to waste.

There is no reason for complaints about back strain and the hard demands a dentist makes on his legs. These physical stresses are well known throughout the dental profession, and I wish to pass on what I have found to be a simple and effective means of reducing them.

In all forms of extraction, impactions included, as well as when administering local anesthetics, I have found that the procedures can be performed without the usual attendant strain of back bending, the tenseness accompanying the standing, or the pulling

The use of an operating stool may mean the elimination of wasted energy for you.

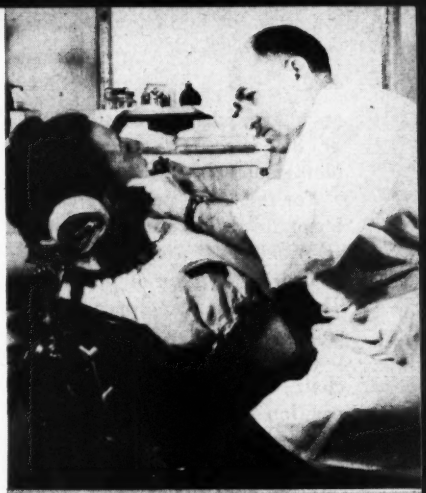
tension on the calves of the legs. The surgeon with a "heavy" appointment schedule would appreciate the advantage of a minimum of physical fatigue during the day. The "tool" with which this can be achieved is an operating stool.

This stool is placed near the arm rest of the chair in which the patient is seated. It in no way interferes with the surgeon when he desires to approach the patient closely. When the operator is seated, his weight is balanced conveniently on the stool and his foot rests lightly in position for the rheostat.

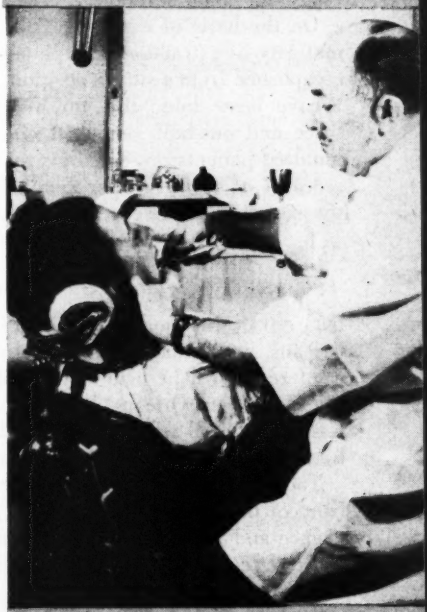
In administering local anesthetics the operator will notice almost instantly that it is much easier to sit and inject than to do the same while standing. The operating stool permits him to adapt himself to various positions beside the patient.

A position slightly behind the patient seems to be favorable for operating on the upper posterior teeth. For the anteriors, a position more to the side or actually facing the patient is more advantageous.

Instead of facing the patient's side and turning from the waist to face the patient, an alternate position may be assumed. This consists in facing the patient directly but to one side. In this position the operator rests his feet



Local anesthetics may be administered with ease when an operating stool is used.



Facing the patient facilitates the extraction of anterior teeth.

on a tiny four- or five-inch stool or the rheostat housing of the motor control.

For the lower posterior and anterior teeth, a slightly different position is required. The stool is placed to the rear of the patient. The surgeon can operate with comfort by facing the same direction as the patient. The dental chair is tipped backward. This position is suited remarkably for lower posterior and anterior treatment. Proceeding from this position the operator can rest an arm around the patient's head. This stabilizes the assumed position and leaves the operator's hands ready for good leverage.

On the basis of experience, the majority of extractions can be accomplished from a sitting position. I have been doing this for over three and one-half years. Of one hundred patients presented for the removal of teeth, 95 per cent of the extractions were executed from the various sitting positions.

It should be borne in mind that slight variations in sitting techniques will be developed to suit the needs of each person. However, the fundamentals are clearly distinguishable for each operating problem. As with all new procedures, a little experience would be of more use than reams of descriptive literature.

Some "sitting" experience for the operator will benefit the patient as well as himself. The patient will have a dentist who is rested and who is concentrating all his energies on his treatment instead of wasting energy through tense back and leg muscles. The grueling and antiquated method of "straining" over a patient should be discarded for the more beneficial method being advocated.

57 *Pratt Street*
Hartford 3, *Connecticut*

THE COVER

OUR COVER this month is a picture of the Saint Louis Cathedral in New Orleans, Louisiana. The first annual meeting of the New Orleans Dental Conference will be held October 24 through October 27 at the Roosevelt Hotel, New Orleans. It will be conducted by the New Orleans Dental Association and will include a full scientific program with outstanding lecturers and clinicians, commercial exhibits, and entertainment.

The Saint Louis Cathedral was erected in 1794. In Jackson Square in front of the Cathedral, transfer of the Louisiana Colony from Spain to France and from France to the United States took place. The statue of Andrew Jackson, which was erected because of his part in the Battle of New Orleans, may also be seen in the picture.

So You Know Something About Dentistry!

QUIZ XLVIII

1. Excessive exposure to x-rays may result in (a) anemia, (b) dental caries, (c) loss of hair, (d) dermatitis, (e) sterility. .....

2. An amalgam when set contains about (a) 20 per cent, (b) 50 per cent, (c) 70 per cent, mercury. .....

3. In the adult tooth, the apical foramen is formed by (a) bone, (b) cementum, (c) dentine. .....

4. What was W. G. A. Bonwill's contribution to dentistry? .....

5. To decrease salivation, which of the following may be used? (a) pilocarpine, (b) ethyl alcohol, (c) atropine, (d) triple bromides. .....

6. Maximum efficiency of stones is secured when revolving at a (a) slow rate of speed, (b) moderate rate of speed, (c) high rate of speed. .....

7. What are the two essential components of vulcanite? .....

8. Congenital cleft palate occurs once in about every (a) 20,000, (b) 11,000, (c) 1,100, births. .....

9. Most frequent failure of the arches resulting from improper contacts is found in the region of the (a) centrals, (b) cuspid and the lateral, (c) bicuspids, (d) first and second molars. .....

10. The average difference between the mesiodistal diameter of the mandibular deciduous incisors and their permanent successors is (a) 1 mm., (b) 6 mm., (c) 11 mm. .....

FOR CORRECT ANSWERS SEE PAGE 1401

My Dentist Talks Double Talk

By SUSAN BOND

"You'd better concentrate on a dentifrice with ricinoleate so that the mucin's adhering qualities will dissolve from the surface of your teeth, eliminating retention plaques."

I rolled my eyes and nodded to my dentist. My mouth was open. I would have agreed with him, however, under any circumstances. I always try not to act ignorant when the man with the white coat and drill makes with the big words.

I kept saying them over and over so I would know them by the time I got to the drug store. On my way downstairs I mumbled them to myself: "Ricinoleate—mucin — adhere — eliminating plaques."

When I saw my bus coming I repeated them just once more, "You'd better concentrate—rin—ricin—mucin—hering—retention packs." The bus came and I got on.

I did not have far to ride and I barely had time to repeat my dentist's advice before my stop, "Rinci—mucin adding—dissolve your teeth — irrigate detention packs."

Getting off the bus my mind was filled with the words of my den-

Are your patients bewildered by your dental vocabulary?

tist. That might account for my not seeing the jeep that almost did not miss me when I started for the curb. I guess it frightened me more than I realized, for, when I got to the drug store, I said, "Just let me have a package of 'So-and-So' tooth powder."

During my next visit to the dentist, I told him that I had forgotten his instructions and bought a box of "So-and-So" tooth powder.

"That's fine," he said. "That's exactly what I told you to get."

I do not know whether he thought he might lose my patronage if he made the name sound simple, but I am not at all impressed by the number of syllables in the name of my tooth powder.

I thought perhaps my dentist was the only one who double talks, until I chatted with a neighbor.

"My husband was terribly upset," she said to me, "when I came back from the dentist the other day."

"Why?" I asked.

"Well, I called him up and told him what Doctor Longword said about the condition of my mouth, and I told him to come right home. I hated to tell him this after all the sickness we've had this winter."

"Did he come right home?" I asked.

"He started to," she said, "but he met one of the dentists from his club, Doctor Fellowship, on the way to his car. Doctor Fellowship thought my husband was running to a fire and asked him what was the matter."

"Did your husband tell him?"

"Yes, he told him what Doctor Longword said about me—the area of involvement, the draining sinus, the foci of infection, and the urgent surgery."

"That sounds terrible," I said.

"Well, it did to us, too," said my neighbor, "but Doctor Fellowship just laughed when he heard it. He told my husband he was foolish to make such a fuss over an extraction. That's what all those fancy words meant!"

Some dentists apparently think they may lose prestige, face, or fee, if they do not pile the vocabulary up high. When a patient's age asserts itself and his gingivae shrink, he is likely to be told: "The recession from the neck of the upper bicuspid indicates periodontoclasia which is a progressive symptom of destruction." Or perhaps he is told that he "must undergo adjustment and reshaping of the teeth by judicious grinding," before he can be a man again.

From under a blanket of six-syllable words, the dentist peeks out to see the effect on the patient. Most patients, not wanting to appear like the ignorant undergraduate, nod knowingly and answer, "Yes, Doc, when do you want to start?"

Occasionally a Mr. I. M. Honest

admits he does not understand.

"What does that mean?" he asks, when the dentist tells him that his mouth presents an unhygienic superficial disturbance requiring prophylactic treatment.

The dentist, sensing that he has perhaps been too athletic with his vocabulary, says, "That means your teeth need cleaning."

The simplicity of the statement makes everybody happy.

A friend of mine tells this story:

"About a month ago I went to the dentist. He told me in simple terms that I needed a filling. I was going on a tour of four neighboring towns and had to postpone the work.

"While I was in the first town, the tooth seemed sensitive and I was afraid to let it go. That's why I made a visit to a local dentist.

" 'One of your teeth has proximal decay,' he said, looking at me seriously and talking with impressive hesitancy. 'This tooth requires treatment which would include the excavation of the carious material.'

"I told him I thought it only needed a filling.

" 'That's right,' he said, 'That's all you do need.'

"I paid for the examination but decided to wait for the treatment. My curiosity was aroused. I wondered how many dentists were going to say it that way and how many other ways there were of saying that I needed a filling. That's why I called on another dentist in the next town.

" 'Your condition,' he said, 'is apparently the result of active infiltration of Lactobacillus acidophilus and immediate excavation is obvious.'

"I again paid for the advice and went on.

"The third dentist was a timid-looking fellow and I felt sure he wouldn't give me double talk. He examined my mouth for a long while and then said, 'Yes, indeed, we shall have to proceed, in this instance, to determine the extent of the involvement through the assistance of the roentgenographic examination. There may be unforeseen difficulty of an undetermined nature.'

"My last visit was a limited one. I got the appointment only via a cancelled date and this man was the town's only dentist.

" 'You unquestionably are suffering from the result of an abnormal bite, invasion of caries, plunger cusp, and some recession. This calls for definitive treatment and the placing of a restoration.'

"The following day I was home. I made an appointment with my dentist. When I sat in the chair, I pointed to the tooth and said, 'Fill it.' He did.

"When he told me how much I owed him, I said, 'That's not much for all that work you've done; elimination of proximal decay, excavation of carious material, active infiltration of Lactobacillus acidophilus, use of roentgenographic evidence, plunger cusp, definitive treatment, placing of restoration.'

"'All of that,' said my dentist, 'means that you needed a filling and you got it.'"

Modern textbooks and courses now stress the relation of the dentist to the personality of the patient as well as to his mouth. Why can't the dentist explain what needs to be done, the reason for the treatment, and the future care required, without confusing words which the patient will probably not remember, and, if he should remember, probably would not understand.

Perhaps added courses in the dental school curriculum on the psychology of the "man behind the open mouth" may be the answer. Dentists could receive instructions on how to gauge the amount of understanding each individual patient is capable of, either by native ability or education. They could develop a "feel" for recognizing which patients understand the classical version and act accordingly. Not every patient knows the meaning of *molar, cuspid, antrum, occlusion, acrylic, retention.*

Probably the most common reasons for double talk are these five fears on the part of the dentist:

1. Fear of his professional authority being questioned.
2. Fear that accompanies shyness and a lack of interest in people.
3. Fear that accompanies uncertainty of ability or income.
4. Fear of not making a dignified impression.
5. Fear of losing the patient's confidence.

Recently I went to my dentist. I realized, from the pain I was having, that neglect and age were ganging up on my teeth.

"Let's have it straight," I said to him. "None of the double talk."

"Well," he said, after giving my remnants an extra scan, "we'll just yank out these old snags and make you a plate."

I was shocked! I was indignant! I'm asking you, does a dentist have to be so blunt when he's telling you a thing like that?

150 *South Harrison Street*
East Orange, New Jersey

BRITISH AWARD FELLOWSHIPS TO AMERICAN DENTISTS

TWO AMERICANS were among four dentists receiving fellowships in dental surgery from the Royal College of Surgeons at ceremonies held recently at the College in London. It was the first time Americans have been included in the fellowships.

Both men were honored by the Royal College for contributions in dental surgery and "distinguished services toward the advance of dental science and the betterment of those who practice it."

They are Doctor Malcolm W. Carr of New York, and Doctor Daniel F. Lynch, Trustee of the American Dental Association, of Washington, D. C.—*The New York Times.*

Portraits and Profiles

OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.

Above: James H. Maycock, retiring President of the Massachusetts State Dental Society, shows his successor, Herbert I. Margolis, of Boston, his Past-President's key.

Below: John J. Gibbons, Toastma at the Presidents' luncheon held ing the meeting of the Massachu State Dental Society in Boston.

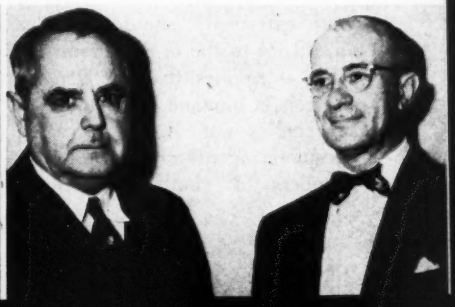
1947-1948 officers of the Connecticut State Dental Society are (left to right): Henry T. Quinn, Greenwich, President-Elect; Clifford W. Vivian, New Britain, President; Louis R. Siegal, Hartford, Vice-President; and Earl S. Arnold, West Hartford, Secretary-Treasurer.

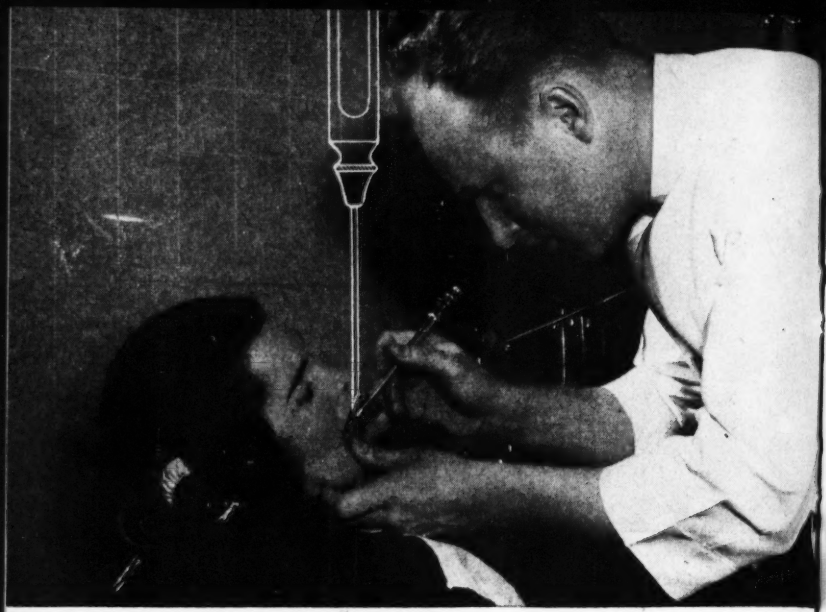
Above: E. Harvey Richmond (left), of Windsor Locks, Connecticut, congratulates Phillip M. Chernoff, of Middletown, Connecticut, on his recent election to the Board of Governors of the Connecticut State Dental Society.

★

Henry M. Goldman, pathologist of Boston, Massachusetts, and a member of the Ivory Cross mission now in the Netherlands to conduct courses and clinics for Dutch dentists.

Below: Sidney C. Fournet (left), New Orleans, Louisiana, essayist at the annual meeting in Hartford of the Connecticut State Dental Society; and Henry F. Diana, New Britain, Clinic Chairman of the meeting.





Join The Battle Against The Fear Of Pain

By STEWART EVERSON, D.D.S.

IT IS THE duty of every oral surgeon, as well as every operative dentist, to take an active part in the battle against the fear of pain. The statement made so frequently by patients, "I would rather have a major operation than have a tooth extracted," should serve as an affront to the oral surgeon because it implies that the general surgeon is humane while the oral surgeon is not. Since the same anesthetic agents are available to members of both professions, there seems to be no excuse for such remarks.

I do not believe that the oral surgeon has the right to hurt a patient in any way, and I should like to stress the meaning of the phrase "in any way." This implies that there are more ways than one in which a person may be hurt, and that is precisely what it is meant to imply. Although a patient may suffer no physical pain during the removal of a tooth under local anesthesia, for example, he may experience untold agonies of psychic and sensory origin. The vision

The proper use of anesthetics in oral surgery will help patients overcome the fear of pain.

of flashing instruments and blood, the unpleasant sounds accompanying the procedure, the feeling of pressure coupled with mental images of the operation are means by which the senses and the psyche may be traumatized. This certainly is detrimental to the principles which conscientious dentists are trying to establish to promote good oral hygiene.

The only way in which all forms of pain may be abolished is to render the patient insensible to psychic and somatic sensation, and the only method by which this may be accomplished completely is through the use of general anesthesia. One hundred per cent successfully is specified because hypnosis may be mentioned as a means of abolishing conscious sensitivity, but this is a selective process inasmuch as all dentists are not hypnotists and all patients cannot be hypnotized. General anesthesia, on the other hand, is not selective as it can be given to almost everyone, and every dentist who will avail himself of the knowledge and skill necessary for its administration can utilize it.

If the oral surgeon is to be victorious in this battle, he must employ an effective weapon to liberate his patients who have been enslaved by the fear of pain for centuries. Personally, I have chosen pentothal sodium intravenous anesthesia for this purpose because I believe it most nearly approaches the ideal for office surgery; so far as the patients are concerned, most of them are confident that this type of anesthesia has reached the ideal. It is certainly true that the majority of patients who have received pentothal are so appreciative of the experience that they actually look forward to receiving it again and, consequently, are not reluctant about having further oral surgery performed. It is logical to believe that when morbid apprehensions are replaced with favorable mental attitudes regarding dental treatment, the battle against the fear of pain is won.

In the past, fear and pain have been associated inseparably with dentistry and have been regarded as necessary evils. However, in the light of modern advancements in the field of anesthesiology, fear is now reflected as an inexcusable mark of disgrace upon the dental profession. This fear which stands as a shameful blot on every page of dental history should serve as a challenge to the intelligence, compassion, practicality, and honor of every member of the profession. It is up to every dentist to fight and destroy fear, the oldest and most formidable enemy of the profession, with the modern weapons provided by local and general anesthetics.

2007 *Wilshire Building*
Los Angeles 5, *California*

***Now* is the time to change the status of the Dental Corps.**

Let's Keep Up The Fight For Autonomy

By ARTHUR W. SPIVEY, D.D.S.*

So FAR AS I can learn there are two thoughts uppermost in the minds of veteran dentists who are still in the military age group; namely, the possibility of another experience in the Armed Service, and the problems of dental treatment for about eleven million veterans who are at present civilians. These same thoughts hold a high priority in the minds of older dentists, too.

The men who served on the line (the amalgam line, the battle line, the hurry-up-and-wait line) are not looking forward with eagerness to a repeat performance. Those men though, being good citizens, will return to serve in defense of their country when duty calls. I do not think anyone griped about answering the need to preserve our most cherished possessions, our way of life, and our families. Some gave their lives, some received permanent injuries, all gave a lot of time. No one regrets this sacrifice in time of need; neither will they refuse to do it again in time of need.

There were, however, a number of unfavorable conditions about which we all griped, and justly; conditions which need not exist. General Sherman's famous words "War is hell" are probably an understatement, but a little of that hell could be removed with correction of the major causes. Lieutenant Joe Dokes should have been promoted to Captain, but he was not because higher authority than the Chief Dental Officer did not see it that way. A dental clinic

*Chairman, Indiana State Military Affairs Committee.

in a certain camp needed special supplies in order to accomplish its mission, but the Chief Dental Officer found his needs denied by higher authority. Captain John Doe needed a five-day leave which his Chief Dental Officer had certified, but higher authority had a different idea. A Chief Dental Officer needed his enlisted personnel for technical duty, but higher authority needed a detail to plant grass seed or do KP. One of these technicians was outstanding in his work and the Chief wanted him to have another stripe, but higher authority could not be bothered with little details which might improve the Dental Corps.

In the first World War, the Dental Corps was so small and inadequately organized that it rightfully needed the command of some other department. The profession and its professional services to federal establishments has now grown to such proportions as to demand the duty and privilege of commanding its own affairs.

Those were your sentiments during your recent Service, and many were the times when someone said, "Why doesn't the American Dental Association do something about it?" Those were war times and the A.D.A. sent up a trial balloon in the form of autonomy for the Navy Dental Corps. That was a beginning and apparently leaves room for broader action. Efforts toward complete autonomy have become stagnant and need a "shot in the arm." And now the thought is "That's all behind us. Why worry about it? If the men in the Regular Service want it, let them get it."

If autonomy is desirable, then the A.D.A. is responsible for getting it. *You are the American Dental Association.* It is easy to say that we need it and we want it, but that is different from getting it. It has often been accepted as the inalienable right of a G.I. to gripe, but it is action and not talk that accomplishes an objective. As for the Regular Service, you know that it is throttled by higher authority. It is quite true that our last taste of Service is losing its bitterness in the sweetness of time, but there may be another dose of bitter medicine coming. History and the movement of current events point toward another tour of the beauty spots and the "not-so-beautiful" spots of the world all at government expense.

If we want our next tour of duty to be commanded by dental officers, something besides talk is necessary. If we do not take action now, and *soon*, it will be too late to ask why the American Dental Association does not do something about it. Instead, we will have to say, "Why didn't we do something when we had a chance?"

In the years between 1942 and 1946, it was often said by dental officers, "When we get to be civilians again, all of us should get together and do something." At the American Dental Association

(*Continued on page* 1410)

Dentists in the News

Philadelphia (*Pennsylvania*) *Inquirer*: Doctor Samuel Mamlet, a dental surgeon of Passaic, New Jersey, recently was decorated with the Legion of Honor for collecting funds and organizing a group to help war-devastated French hospitals after the war. The decoration was presented in Paris by Pierre Abelin, Secretary of State to the Premier's office.

New York (*New York*) *PM*: When Doctor Frederick Franck was not in his New York dental office recently, he might have been found at his one-man art show at the Van Diemen Galleries in New York. This dentist has been hailed by one critic as a "vigorous colorist who while responding to modern currents maintained an almost impressionist closeness to Nature and a quite personal feeling." His individual works have sold for $50 to $1200.

Doctor Franck was born in the Netherlands where he grew up benefitting from three cultures—Flemish, French, and German. He came to this country in 1939. During World War II he taught German as an instructor in the Army's Specialized Training Program.

When he is not painting, Doctor Franck carries on a profitable dental practice. "It's a kind of schizophrenia to which I have made a very satisfactory adjustment," he reports. He believes the time has passed in this country when artists can be artists and nothing else.

Hanford (*California*) *Sentinel*: The John L. Sullivan Memorial Bible, used on state occasions by Hanford Lodge No. 279, Free & Accepted Masons, now carries the signature of President Truman along with those of other famous men. The Bible was taken to San Francisco by Doctor A. P. Warnock, Hanford dentist, to obtain the signature during the President's trip to the West Coast.

The Bible also contains the signatures of the late President Roosevelt and of Governor Earl Warren of California.

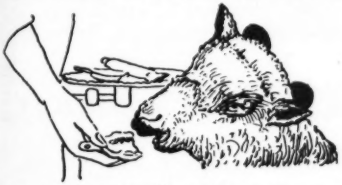
Topeka (*Kansas*) *Daily Capital*: At a recent dinner meeting of the Shawnee County Dental Society, Doctor Edward E. Carpenter was honored for his more than fifty years of service to the dental profession. This dentist has practiced in Topeka since 1897, and during that time has been President of the Topeka Dental Society, the First District Dental Society, and the Kansas State Dental Association.

More than three hundred dentists attended the dinner. A plaque and a bound volume of congratulatory letters from his colleagues were presented to Doctor Carpenter.

Denver (*Colorado*) *Post*: Doctor B. M. Sinn, a Colorado dentist whose practice covers four counties, has enlarged his dental activities to include making dental appliances for sheep. This appliance is one designed to protect the teeth of a ewe in order to extend her

biting efficiency and thus her life and lamb-producing capacity.

A Colorado rancher consulted Doctor Sinn two years ago about his sheep's teeth, and the two worked on the problem together. A sheep has no incisors



in its upper jaw. In its lower jaw are eight front teeth with which it scoops under and snips grass. In time these teeth deteriorate. The center four spread apart, the corners wear and finally break off. With these teeth no longer useful, the sheep cannot forage. They are fattened on soft foods and then slaughtered. In the short-grass range country, a ewe survives an average of six years; while in the long-grass country, it will live up to twelve years.

The new appliance is shaped to fit across the cutting edge and inside of the ewe's lower jaw and is clamped on by pliers.

New York (New York) Herald Tribune: Two specialists, Doctor George R. Moore, head of the Department of Orthodontics at the University of Michigan, and Doctor Henry M. Goldman, head of the Dental Research Department at Beth Israel Hospital, Boston, sailed recently for Holland as an Ivory Cross mission to help rehabilitate the Dutch dental profession.

The Netherlands government has conferred the Order of Orange-Nassau upon three American dentists, Doctor J. L. T. Appleton, Dean of the University of Pennsylvania Dental Institute; Doctor Lester W. Burket, of the same school; and Doctor L. Herbert Loeb, dental surgeon of Boston; who organized and were a part of an Ivory Cross mission which went to Holland in 1946 to give courses and clinics for Dutch dentists.

Philadelphia (Pennsylvania) Inquirer: Doctor Harry Lepman, a dentist of Colmar Manor, Maryland, has discovered what he believes to be the origin of the elephant as the emblem of the Republican Party.

This dentist, a collector of presidential campaign buttons, recently found an old badge issued by a quasi-military organization, probably named after Senator Salmon P. Chase, of Ohio, a politician of the pre-Civil War days who became President Lincoln's Secretary of the Treasury. The badge has an elephant in the center, and at the top the words: "The man whose name we bear." Beneath the elephant is the legend "Chace Guard."

The Guard was organized in 1854, two years before the Republican convention in Philadelphia. Chase spelled his name with an "S" instead of a "C," but Doctor Lepman has discovered that he frequently wrote "S" so that it looked like a "C."

The famous political cartoonist, Thomas Nast, is credited with originating the elephant in the GOP symbol.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

HARRY S. HALPERN, D.D.S., 36th and Chestnut Streets, Philadelphia 4.
W. E. CUTTS, D.D.S. 202 Washington Street, Hartford, Connecticut.
R. H. HAMILTON, D.D.S., 1000 Kansas Avenue, Topeka, Kansas.
ESTHER M. SPOONER, 266 Newbury Street, Boston 16.
MRS. EMMETT DAVISON, General Delivery, Colorado Springs, Colorado.
M. B. NEWMAN, D.D.S., 1410 Morris Avenue, Bronx, New York.

Get Yourself a Hobby and Get Rid of Your Worries

By ROLLAND B. MOORE, D.D.S.

Too MANY dentists let their practices rule their lives. They lock their office doors when the last patient leaves, then go home and worry about this case or that case. And their worry solves nothing. They think about the impressions they took that day for old Mr. Smith's full upper and lower dentures. "Poor lower ridge. Flat arch above. Wonder if a denture can be made for that upper that will stay up." Or maybe it is Mrs. Jones' bridge. They take their cases to bed with them and lose half a night's sleep in worry.

I know how this all goes. I too worried over my practice. I was specializing in dentures in a large middle-western city. Some of my difficult cases worried me almost ill. But not any more.

One morning my technician, Gilbert, said to me, "Doctor, do you ever dream about some of our denture cases when you go to bed at night?"

"Gilbert," I replied, "I never dream about them. I don't have time after lying in bed awake three-fourths of the night, think-

ing about them." I saw that I was letting my practice make a slave of me.

"Why don't you get yourself a hobby and ride it after you go home? Get your mind off of the office," Gilbert suggested.

So I got myself a hobby. Something I had always wanted to do. After that I locked my dental worries in the office when I locked the door after a day's practicing. I made writing my hobby. First I started as a news correspondent. Then I changed to article writing for trade journals. I found the work interesting even if it was not well paid. I sold articles to a wide variety of trade journals; bankers' magazines, laundry, grocery, and even to a bee and honey magazine. Whenever I ran across something interesting I wrote it up.

Then I took a course in creative writing and have been selling consistently for a number of years. If I wanted to give up my profession and give all my time to my hobby, I could make a good living. I laugh to myself when I think of the first acceptance I had after finishing my course in creative writing. I sold a story to a confession magazine for $75. I confess it was mostly creative. I am glad though that now I can open my office in the morning and feel rested after a good night's sleep. My practice no longer worries me.

Remunerative Hobbies

I have a friend in southern Idaho with a large practice. We attended dental college together. His hobby is raising silver foxes. He told me he makes as much money from his foxes as he takes in each year in his dental office.

A dentist at Indianola, Iowa, raises Palomino riding horses and sells all he can raise to the wealthy people of the East. He gets almost unbelievable prices for what he has to sell.

Another dental friend of mine in California is an ardent fisherman and had always bought his flies. Then he learned fly tying for his own use and amusement. Now at home after a day in his office, he ties flies for some of the big sporting goods houses.

A Des Moines, Iowa, dentist owns a resort in Minnesota in the lake region. He is a licensed pilot and has his own plane. He flies guests up to his resort; then brings them back again by plane. He does this particularly on week ends during the hunting and fishing season.

I have another friend practicing in California who collects old firearms and repairs them himself. He has hundreds of them in glass wall cases in his office.

Another dental friend collects rare coins. Every night he ex-

amines the money in his pocket and often finds some pieces on which there is a premium. He told me he sells to numismatic banks and to private collectors and that I would be surprised to know how much he makes in a year doing so.

I know half a dozen or more dentists whose hobby is stamp collecting. Then I have a dental friend whose hobby is woodworking. He has good power machines in his basement at home and he turns out beautiful pieces of furniture.

In selecting a hobby, one need not seek a pastime that will take a big cash outlay. If one rides a hobby that brings him in a few dollars now and then, those dollars seem to have a special value to him. And at the same time he has stopped worrying over his patients. I actually know a dentist in the lake region of northern Iowa who, not knowing what else to do for a hobby, began raising fish worms for bait for the fishermen at a nearby lake. Another dentist raises hamsters, a prolific small animal now much used in experimental work. He sells all he can raise to medical colleges, physicians doing research, to manufacturing pharmacists, and hospitals.

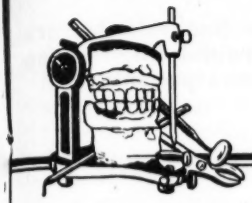
Get yourself a hobby and lock your worries behind you when you lock your office. A hobby that will take you outdoors will be most healthful. But find some kind of hobby that interests you and that will take your mind off your office. Do as Doctor Gray of Cedar Rapids, Iowa, has been doing. Spade up your back yard and raise a vegetable garden. It gets him outdoors, gives him the exercise he needs, and cuts down his grocery bill. The last time I visited him, he insisted on showing me his garden immediately. He was proud of those huge Ponderosa tomatoes, those sleek bluish-black egg plants, and his garden peas. He insisted on pulling a turnip to show me how superior it was to what is sold in the markets.

He said, "Since taking up gardening, I feel a hundred per cent better. When I slam my office door shut at night, I say, 'There now. Take care of yourself until tomorrow morning. I'm done for today.' "

Box 296
Redfield, Iowa

CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, (see page 1392) we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

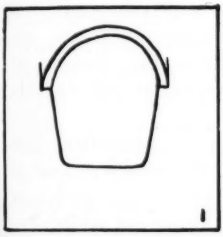


Technique of the Month

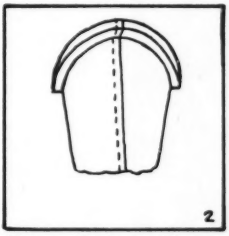
Conducted by W. EARLE CRAIG, D.D.S.
Drawings by Dorothy Sterling

Improved Esthetics for Acrylic Faced Cast Gold Crown

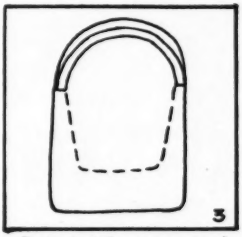
By I. FRANKLIN MILLER, D.D.S., M.A.



Prepare tooth as you would for jacket crown, with well-defined shoulder and straight taper.

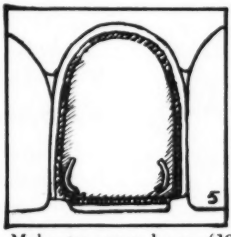


Using Zephyr 40-gauge matrix gold over preparation, shape the gold down over the shoulder, making a slight collar around tooth preparation.

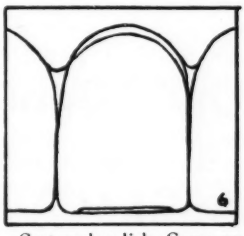


Carve in inlay wax over the gold matrix to the desired contour of crown.

Carve out for acrylic face. Bezel margins well. Use inverted cone bur (33½) after crown is cast to sharpen undercut. Cut out the mesio-incisal and disto-incisal angles from the wax, as shown.



Make two wax loops (19 gauge) or ears on the labial—one toward the mesio-incisal and one toward the disto-incisal angles in the deep recesses of the axial angle.



Cast and polish. Carve up for acrylic face in white wax. Process. Note small amount of gold on incisal.

You may find this dentist's advice helpful in treating your denture patients.

How To Avoid The "Dental Crank"

By MAURICE J. TEITELBAUM, D.D.S.

PROBABLY NO aspect of dental treatment requires a more sympathetic, kindly, and friendly attitude on the part of the dental practitioner than that demanded in full-denture service. In no other branch of the profession is a greater degree of esthetic change so apparent. Neither does any dental procedure demand greater cooperation from the patient or cause greater emotional disturbance.

The feeling of inferiority; fear of old age and insecurity; fear of the inability to chew properly; or of dentures falling out while conversing—these thoughts and hundreds of others, each one peculiar to the particular individual's personality, plague the prospective full-denture patient. And with all this, there is the memory of the "perfect function" of his "own" teeth which are no more.

Full-Denture Patient

Failure to recognize the mental images that a denture patient envisions and the inability to cope with this problem cause more dissatisfied and unhappy patients than a set of imperfect impressions. Most difficult to handle is the patient who has just undergone a "clean out." Here the transition from a complement of natural

teeth (no matter how defective they may have been) to a set of artificial ones is truly a painful psychologic as well as physical experience. The memories of his "own" teeth are still vivid in his mind.

Unless that patient is prepared carefully for the introduction of dentures, even a well-made set of teeth may be doomed to failure as the patient begins to compare function and esthetics with his former dentition. Emotional upset and frustration, followed by disgust and impatience, finally result in the inability to wear the dentures. This may be overcome in time, but meanwhile you are constantly haunted by the presence of a "denture crank." The teeth, in your judgment, seem to be attractive, centric is good, retention is good, and the dentures are in good functional, balanced occlusion. You also feel that you have expended the necessary time and effort to bring about this seemingly good result. But the patient complains that he cannot chew his food well, that his face is distorted, and that the teeth "just don't feel right."

Psychologic Adjustment

What has happened? Wherein lies the difficulty? Is the patient really a "crank"? No, he is not. What then? Assuming that the case is technically correct from all physical aspects, it follows that the patient is mentally distressed. Why? First, you have promised him all sorts of things when he agreed to the estimated fee and made his first payment. You told him, in your enthusiasm, that the teeth would be perfect, that they would fit tightly, that he would be able to chew anything, that no one would ever know that they were artificial, and that the dentures would feel like his "own" teeth.

By the time the dentures are inserted, you probably have forgotten your promises, but the patient has not. In fact, he has remembered every word. It follows, then, that you should never make a promise to a patient that you cannot possibly fulfill. *The dissatisfaction of a denture patient will depend, to a great degree, upon the extent of the difference between that which the patient is led to expect and that which he actually receives.* This is a rule that I like to call "The Law of Satisfaction and Dissatisfaction."

Suppose you have not promised the patient anything. In fact, you just went about your business and said nothing about the results the patient was to expect. Why the difficulty? In these cases the patient will usually start to expect the results his friends have had or even his friends' friends. This usually proves to be most disastrous. In the majority of cases a patient never relates a dental experience with clarity or accuracy. If his full lower denture moves, he will swear to you that his friend's never moves. His friend told him so. But what his friend forgot to

tell him was that his lower denture had three clasps on it. No malice intended on the part of the friend; he probably did not think it made any difference.

Then there is always the cousin who had teeth made and the next day was chewing chicken bones without the slightest amount of discomfort. That particular cousin has usually been wearing dentures for twenty years and remembers every detail of the day after insertion, but ask him what he had to eat for breakfast two days ago and he has forgotten. And, of course, there is the patient who, when he drops his teeth in the washbasin and chips an incisor, tells you his friend never broke any of his teeth and that you have used an inferior material.

Making extravagant promises and saying nothing are both courses that will lead to trouble. The proper preparation for the patient who is to wear dentures is, first, the recognition of the patient's personality, and, second, the utilization of that knowledge in informing him clearly, slowly, and truthfully what he may expect so far as the performance of his artificial dentures is concerned.

Assuming that we understand the thinking of the denture patient, what then shall we tell him? Tell him that these artificial dentures are exactly that—artificial. He will no more be able to eat as well or feel as well with them as compared with his "own" than he would be able to walk with an artificial limb as compared with his own limb. Dentures, after all, are oral crutches. But he is not to be discouraged because you will see to it that, with his cooperation and patience, he will have a set of teeth that will, after a period of adjustment, be comfortable, function properly, and look well. He is to understand that the teeth will never feel like his own, although in time they may well seem to be an indispensable part of himself. So far as mastication is concerned, he will have to learn to chew differently and, although he may be able to manage most foods, some will always be a problem.

Explain the process of bone resorption, of the settling of the dentures, and of the change of muscle tone. Then tell him that the teeth are certainly breakable, but caution him as to the care of the dentures so that breakage may be kept at a minimum. All these points, and many others peculiar to each particular patient whose problems you have become acquainted with through initial contact and interrogation, must be explained carefully until understood.

The time spent at the onset, before any preliminary impression or measurement is taken, to clear the groundwork for the introduction of dentures, will save you many hours of annoying complaints, endless adjustments, and help you avoid the "denture crank."

446 *Clinton Place*
Newark 8, *New Jersey*

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz XLVIII

(*See page* 1381 *for questions*)

1. (a) anemia, (c) loss of hair, (d) dermatitis, (e) sterility. (Ennis, L. M.: Dental Roentgenology, 3rd Edition, Lea & Febiger, 1939, pages 554-558)
2. (b) 50 per cent mercury. (Ward, M. L.: American Textbook of Operative Dentistry, 7th Edition, Lea & Febiger, 1940, page 480)
3. (b) cementum. (Kronfeld, Rudolf: Histopathology of the Teeth and Their Surrounding Structures, 2nd Edition, Lea & Febiger, 1939, page 216)
4. Devised the first instrument with a mechanism to reproduce mandibular movements. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, 7th Edition, Lea & Febiger, 1942, page 235)
5. (c) atropine. (Accepted Dental Remedies, 12th Edition, American Dental Association, 1946, page 140)
6. (c) high rate of speed. (Tylman, S. D.: Crown and Bridge Prosthesis, Mosby, 1940, page 100)
7. Caoutchouc and sulfur—other ingredients are coloring agents, fillers, and catalytic agents. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, 7th Edition, Lea & Febiger, 1942, page 394)
8. (c) 1,000 to 1,200 births. (Kemper, J. W.: The Responsibility of the Surgeon in Treating Palatal and Related Defects, Am. J. Orthodont. & Oral Surg. 32:667 [November] 1946)
9. (b) cuspid and lateral. (Tylman, S. D.: Crown and Bridge Prosthesis, Mosby, 1940, page 83)
10. (b) 6 mm. (Dewey, Martin, and Anderson, G. M.: Practical Orthodontics, 6th Edition, Mosby, 1942, page 80)

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

DENTISTS MISS THE BOAT

ANYONE who has ever had an acute alveolar abscess or a "dry socket" following an extraction knows that he has been sick. People lose thousands of hours of working time each year and hundreds of thousands of dollars in wages because of dental disabilities. It is ironic, therefore, that dental diseases and their complications are not covered under state disability laws.

In his vigorous article in this issue Doctor Golden shows how the apathy of the dental profession in New Jersey allowed a cash-sickness bill to become a State law without a provision for cash indemnity to be paid people suffering from dental disability upon certification by a dentist. Here is a fund that now amounts to $50,000,000 and will eventually amount to $200,000,000. The law includes no provision whatsoever for a person to collect from the fund for dental disease unless such a condition is certified by a physician. How would you like to have a patient under treatment for Vincent's infection, postoperative osteitis, an acute alveolar abscess, or any other condition, and be required to tell the patient that you who had treated the case had no authority under the law to certify for his cash compensation?

We have been struggling for autonomy and administrative freedom from medicine. In the military service we were and still are subservient. This situation in New Jersey is a fine example of what can happen in civilian practice if we are indifferent and uninformed.

At present there are three states, California, Rhode Island, New Jersey, that have nonoccupational sickness-benefit acts. These programs are not doles or government handouts. The funds have been collected by payroll deductions and are intended to compensate workers for wages lost because of interruption of employment caused by illness. The indemnities payable are for nonoccupational sickness and accidents.

We may expect other states to attempt similar legislation. It is an opportunity to present evidence to show that many dental conditions are disabilities and that dentists, and dentists alone, are qualified to certify such cases for indemnification.

Doctor Golden does not write from an ivory tower when he comments on legislation and lobbying. He was secretary to former Governor Hoffman of New Jersey and is presently on the executive staff of the Unemployment Compensation Commission of his state. As a former newspaper man and practical administrator he has seen the inside workings of special pressure groups and lobbyists. From his realistic world he gives this sound advice to dental groups: "Another point brought out in the conferences I have had with my friends is the failure of the profession to set up in each state capitol a paid representative to watch carefully every bill introduced into the state legislature. Many legislative measures, while having no immediate, direct bearing on the dental welfare, may, over the years, affect generally the economy of the state; resulting in lowered dental incomes." To say it bluntly Doctor Golden is recommending the employment of paid lobbyists.

The dentists who serve their societies on legislative committees are entitled to our appreciation for good and unselfish service. An amateur lobbyist, however, may be up against stiff competition in the legislative halls from professional lobbyists skilled in influencing the deliberations of lawmakers. Most dentists who have worked with legislators have done their work on a part-time basis; not too strongly supported by sentiment or finances by the members of their own dental societies.

The dentists of New Jersey by not being alert to the provisions of the cash-disability law have done their patients and themselves a flagrant disservice. They have deprived patients of the right to compensation for a dental condition that may interfere with employment. They have denied themselves additional and honest income. When similar laws are introduced in other states dentists should see that they are authorized to sign certificates for disability benefits that arise from dental conditions.

Edward J. Ryan

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Immediate Dentures

Q.—Will you give me the steps in *detail* about what to do for immediate dentures? I graduated from dental school in 1916 and have been in practice since then, but since that time the procedure of extracting the posterior teeth and leaving in situ the upper front teeth from cuspid to cuspid, including the cuspids, has come into practice. Is the same thing done on the lower teeth? I understand from the best authorities that in twelve months an entire new set of upper and lower dentures is advisable as the gingivae will certainly shrink after extraction.

How do you take care of sharp pieces of process after extraction? Should the sharp edges be smoothed away with surgical burs? If so, what burs is it advisable to use?

I have a patient who wants an immediate upper denture. He has his own lower teeth. He has two upper centrals, two upper lateral roots, a left upper cuspid root, a right upper cuspid root, a left upper first bicuspid root, two upper left molars, and a posterior upper right molar root. These posterior molars and bicuspids should be extracted. How long do you wait before taking out the anterior teeth from cuspid to cuspid?

Would you explain these steps in detail?—E. A. P., Rhode Island.

A.—You ask me to tell you in detail how to make immediate dentures and then you describe procedures from "the best authorities" with which I do not agree. After you have read this you may follow my procedure or that of the "authorities," whichever you prefer.

The immediate denture is, it seems to me, an absolute "must" in every modern dental practice.

The procedure we follow is first to secure good full-mouth roentgenograms; including roentgenograms of all edentulous areas.

When it is decided that all remaining teeth must be extracted, the posterior teeth are extracted first, usually one side at a time, with several days separating the sittings for these extractions. Preferably in two or three weeks after the extraction of the last of the posterior teeth, a hydrocolloid impression is made of the remaining anterior teeth and the entire edentulous area extending well up into the palate and high around the entire periphery.

The tooth selection is made at this time and the impressions are poured promptly in your favorite cast stone. After separation in an hour or two, the anterior of the impression is poured again and retained as a permanent record of the teeth before extraction.

The centric relation is recorded at a subsequent sitting. At still another sitting the posterior setup is tried in and approved.

The postdam is prepared at this time across the junction of the hard and soft palate through the

sphenopalatine notches by grinding a groove into the cast with a No. 10 round bur and beveling the edge of the groove anteriorly. The depth of the groove to be provided is determined by the compressionability of the tissue as determined by pressure with the edge of a small mouth mirror. After the postdam is carefully prepared in this way, moisten the cast, soften the wax across the heel of the baseplate and adapt it thoroughly to prepared groove. Hold the denture in the mouth with firm pressure with the left hand while you examine the posterior border with a mouth mirror. If the tissue at any portion of the postdam is blanched by this pressure, the cast has been grooved too deeply; and if, as you touch the soft palate back of the denture with the mirror, the soft palate raises to show a space above the denture, the preparation is not deep enough.

Next, in the patient's presence, the anterior teeth are removed from the cast one at a time and replaced with the porcelain or acrylic substitutes, imitating the natural teeth as accurately as you and the patient agree that they should be imitated, and making any improvements in position, color, and arrangement that you think best with the patient's interested approval.

Carve the cast and set each artificial tooth in at the labiogingival the exact amount that your judgment tells you the soft tissue will collapse after the removal of the teeth without the removal of any bone except sharp or detached spicules.

The entire cortical plate should be conserved except for those people who display their own gingivae abnormally or objectionably, and in these cases as radical an alveolectomy should be performed as esthetics indicates. Where necessary, an acrylic base can be finished to paper thinness to avoid excessive labial contour and still conserve as much bone as possible.

Ridges are carved on the cast to a full, rounded form. The cast is moistened, and incompletely healed molar and bicuspid sockets and deep buccal undercuts are filled in with a fresh soft mix of stone.

The object is to encourage nature to conform during the healing process to the matrix of an ideally shaped mouth which is provided in the immediate denture that has been made as herein described.

After inserting several hundred such dentures over a period of ten or more years, I find that in better than 20 per cent of these patients their mouths conform in healing so accurately to the denture form provided in the immediate denture that they never require rebasing or renewing to improve the fit.

In those cases where shrinkage does occur I tell my patients that they can either have the immediate dentures rebased or have new dentures made, keeping the original set as a "spare"; and that this may need to be done anytime from six months to two years.

The immediate dentures are inserted immediately following the extraction of the anterior teeth with disclosing wax across the labial, buccal to the tuberosities, and, in my technique, over the hard area in the median line. I want the hard palate to carry its

share of the load of the stress of mastication and, therefore, we do not use an air chamber or provide relief in the impression. The denture is now seated firmly with finger pressure, removed and ground with a large round bur where the displacement of the disclosing wax indicates excess pressure. This can be repeated several times until tissue bearing is equalized.

Man is the most adaptable being on earth and the human body adjusts itself to whatever task is put upon it; provided it is within Nature's physiologic ability to meet the stress. It therefore seems logical that an immediate denture should be so constructed as to conserve bone and stimulate circulation, and it should be made with a balanced occlusion with the teeth so arranged as to keep the denture seated instead of exercising unseating and traumatizing forces.

It is important to insist that patients must keep immediate dentures in their mouths continuously to mold properly the blood clot and soft tissue to the desired form of the denture splint or bandage. We always have the patient return to the office the next day and every day or two for several days for us to remove and cleanse the denture and adjust any pressure spots that may develop.—V. CLYDE SMEDLEY.

Dissolution of Enamel

Q.—I have a patient, a man about twenty-seven years of age, whose condition is causing me concern.

In the last two years this patient has visited my office several times complaining that his teeth were so sensitive he could not eat. Clinical examination revealed no occlusal abrasion, no cervical caries, and virtually no gingival marginal recession. Bitewing roentgenograms reveal no interproximal caries.

Several weeks ago the patient again came to my office, distressed to the point that he was willing to have all of his teeth extracted. I was amazed, upon examining his teeth again, to find that on the buccal surfaces of several upper teeth, and apparently beginning on several lower teeth, the enamel was seemingly melting away. This condition starts at the gingival margin of the teeth and continues on about one-third of the teeth toward the occlusal surfaces. There is no caries present on any of the teeth.

This patient is afflicted with epilepsy and takes dilantin sodium and phenobarbital regularly. There is no swelling of the gingival tissues; they are firm, of a good color, and healthy.

For the last few months he also has been taking some minerals, which he believes have been beneficial to a stomach disorder.

In the past he has been a heavy eater of sweets, but he has curtailed this considerably because of the sensitive condition of his teeth. However, he is still an excessive gum-chewer.

If you can make any suggestions for treatment, I shall be most grateful to you.—G. I. M., Texas.

A.—Your most interesting and unusual case has required much thought, consultation, and even speculation.

We know from wide experience that the rapid dissolution of enamel usually results from its being exposed to liquids of a low pH: for instance, citrus fruit juices, hard fruit candies, and hydrochloric acid. So it would seem reasonable to suppose that the loss of enamel in your case is because of some of the drugs he is taking or because the saliva from his parotid glands has an exceptionally low pH.

You could test the saliva from Stensen's duct with litmus paper or, better still, collect enough of the parotid gland saliva so that

you may immerse the crown of a freshly extracted tooth in it and test the patient's whole saliva the same way. It would also be a good idea to test the prescription which he is taking for his stomach for its pH.

We have found, and others[1] have found also, that excessive gum chewing is likely to result in gingival caries, but we have not had the dissolution of enamel from excessive gum chewing.

As to treatment, it seems to us that finding and removing the cause of the loss of enamel is *the* treatment.

We are much interested in this case and should appreciate hearing from you as to what you find out upon following out these suggestions.—GEORGE R. WARNER.

Hypertrophic Gingivitis

Q.—I should greatly appreciate some information concerning a case of a young woman about twenty-four years of age whose gingival tissue on the lower anterior has grown about one-fourth inch in a thin layer up the labial surface of the teeth.

I should like to have your advice regarding the cause and treatment of this case.—R. G. W., Indiana.

A.—Without knowing more about the history of your patient, one cannot well assign a cause to the proliferation of labial gingivae of the mandibular anterior teeth. This condition, known as hypertrophic gingivitis, may be of systemic or local origin, and, in some cases, of unknown origin. The systemic origin of hypertrophic gingivitis may be metallic poisoning, from the use of drugs (dilantin sodium, for instance), pregnancy, diabetes, scurvy, leukemia, and other conditions. The local origin is usually calcareous deposits or food debris.

Because of the possibility of a combination of systemic and local causes in a given case, it is always wise first to look for and treat a local cause. The local treatment by the dentist is the removal of all detritus of whatever nature and polishing of the subgingival tooth areas. One must have the full cooperation of the patient in systematic and thorough brushing, use of silk tape, and interproximal stimulators.

Orban[2] advises the use of a 30 per cent solution of H_2O_2 in certain types of gingival hypertrophy.

In cases such as yours, if local treatment fails to produce results, a gingivectomy should be performed.—GEORGE R. WARNER.

Rampant Caries

Q.—A patient of mine, a woman about fifty years of age for whom I have been rendering periodic service for the last ten years, has had little restorative treatment done during that time; her mouth being in a healthy condition. However, about two years ago her teeth became carious with such rapidity that at present most of them are restored interproximally. And now caries is becoming rampant gingivally and appearing on the incisal edge of the anterior teeth in some places.

When this condition was noted I suggested that she consult her physician, who for a period administered vitamins with an excess of Vitamin D. This, however, did not alter the condition. Her health physically is excellent and I am at a loss to account for the sudden onset of this condition.

[1]Fleisch, L. M.: Is Chewing Gum a Safe Dental Therapeutic Agent? J.A.D.A. 29:1011 (June) 1942.

[2]Orban, Balint: Action of Oxygen in Chronically Inflamed Gingival Tissues, J.A.D.A. 29:2018 (November) 1942.

Any information you can give me will be greatly appreciated.—H. O. G., California.

A.—Doctor G. V. Black called attention many years ago to the fact that people might have periods of immunity and periods of susceptibility to caries throughout life. As we all know, the most common period of susceptibility is in the teen years. Then it is not uncommon to have another period of occurrence of caries at about the age of your patient. This may result in some cases from the menopause with perhaps its disturbances of the endocrine glands. It would seem, in some cases, to result from a profound emotional disturbance, such as grief.

So far as your letter states, your patient is in excellent health, so I cannot account for the sudden and serious onset of carious destruction in her case.—GEORGE R. WARNER.

Traumatic Devitalization

Q.—Several days ago I noticed that the upper left central of my 21-month-old son is turning dark. The devitalization no doubt results from one of the bad falls he has taken. There is no fracture and apparently no pain.

Will you please inform me concerning the latest thought in the treatment of this condition? Any information you can give me will be greatly appreciated. —F. C. T., Kansas.

A.—It often happens that the traumic devitalization of a deciduous maxillary incisor is not followed by infection of the pulp. I roentgenograph these cases, and if there is no evidence of periapical infection they can be left alone. If there is periapical infection it is possible to sterilize and fill the root canal; especially in the case of your own child who would probably cooperate with you.—GEORGE R. WARNER.

Denture Dislodgment

Q.—I have made a full upper denture and partial lower denture for a man about forty-five years of age. He has excellent ridges, a well-rounded vault, and about 1 to 2 mm. of gingival tissue over the bone. The saliva seems to be of about the proper consistency.

The upper denture, when placed in the mouth, has good stability until he says a few words; then it loosens and drops.

I trimmed the periphery where there were muscle attachments, postdammed, and tried corrective wash, but could not improve the retention. He can wear it with powder.

I shall appreciate it if you can give me any suggestions.—C. J. M., Wyoming.

A.—Your letter indicates that you have considered carefully and taken proper care of all the factors that usually are responsible for denture dislodgment in such a normal mouth. You do not mention that you have provided correct occlusal balance; but no doubt you have, and since it is during speech and not eating that the denture loosens, it would seem unlikely that the difficulty is in the occlusion.

I would recheck the occlusion carefully with red disclosing wax melted onto the occlusal surfaces. First, with a gentle tap-tap-tap action, determine whether any cusps or inclined planes are in premature contact. If so, correct by grinding with repeated tests, after which check similarly in protrusive, lateral, and all intermediate positions of the jaw.

After you are satisfied that there

is no dislodging occlusal stress, add a small roll of temporary denture lining material all around the periphery and across the postdam. After firm seating of the denture, have the patient talk, open his mouth wide, and exercise all the muscle functions that he can. This lining material can be worn for several days or weeks to determine whether satisfactory retention is accomplished, after which it can be replaced with the denture base material.—V. CLYDE SMEDLEY.

Excessive Saliva

Q.—I have a patient who has difficulty with excessive saliva at night during his sleep.

Roentgenograms have been taken, the occlusion of his teeth is normal, there is no evidence of gingival infection of any type, and no carious teeth are present.

The saliva stains the pillowcase and he tells me the stain is about two inches in diameter.

There does not appear to be any acid condition present, and he has tried various mouthwashes without success.

Is there anything that can be done to eliminate this condition?—B. F. S., New Jersey.

A.—Prinz and Greenbaum[3] enumerate a long list of possible causes of this condition. If and when the excess of saliva is pathologic, as it may be in your case, the systemic cause should be determined and treatment should be directed thereto. However, the flow can be checked by the administration of belladonna or its active principle, atropine. These drugs should be administered with caution, if at all, and never continued over a long period of time as they tend to check all the secretions of the body.

An excessive flow of saliva often follows the removal of all the teeth and the insertion of dentures. In such a case it is partly a mechanical and partly a psychogenic reaction. In your case there has been no major change in the mouth, so I believe it is a general systemic rather than a dental problem.—GEORGE R. WARNER.

[3]Prinz, Herman, and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Lea and Febiger, 1939.

Denture Movement

Q.—I shall appreciate your help in solving my problem concerning a full upper acrylic denture. The patient is a woman about thirty-five years old. Her first denture was constructed one month after her teeth were extracted. A lower acrylic partial was constructed at the same time.

Two months later the denture was remade because the patient thought the anterior teeth protruded too much. The new denture was satisfactory with one exception. The patient states that occasionally when she is talking the denture seems to drop in the region of the anterior teeth. I have observed the patient when she has this sensation. The amount of movement is negligible, although annoying to her.

The denture remains firmly seated during all normal and abnormal lip and muscle movements. The occlusion is good in all positions.

I am at a loss to explain and correct this condition. Have you any suggestions?—N. K., New York.

A.—I would tell this patient that it is normal for all dentures to have slight movement since they fit over soft, movable tissue. Tell her that since the denture does not exactually drop down, she should pay no attention to a slight sensation of loosening except to seat it either with her tongue as in swallowing or by closing her teeth

momentarily.—V. CLYDE SMEDLEY.

Retained Root

Q.—I am enclosing a roentgenogram of a root in the angle of the mandible. It was discovered when the patient was examined for a sinus condition. I should like your advice as to whether or not this patient should have the root removed. She is a woman about fifty-five. —R. C. M., Colorado.

A.—While in our experience retained roots nearly always are found to be infected when removed, I am not sure that this would be true in the case of the root as shown in the roentgenogram enclosed with your letter. This entity seems to be so definitely incorporated with the bone that I doubt if it would be wise to attempt to remove it, or if it would be found to be infected.—GEORGE R. WARNER.

LET'S KEEP UP THE FIGHT FOR AUTONOMY

(*Continued from page* 1391)

meeting in Boston, a group did inaugurate such an organization. The National Dental Veterans League is the realization of that thought. There were about twenty-two thousand dentists in Service during the last great conflict. Ninety-eight per cent of these came from civilian life. Most of them are civilians again. This represents about one-third of the American Dental Association membership. The desires of the veterans will command the audience and respect of any authority if the veterans speak in unison. The Secretary of The National Dental Veterans League is Doctor James M. Glenn, Collierville, Tennessee. Write to him for information.

2616 *North Pennsylvania Street*
Indianapolis, Indiana

SWISS DENTISTS VISIT UNITED STATES

FOURTEEN dentists who are anxious to meet practicing dentists and dental students in this country left Switzerland the middle of August to spend a month visiting the United States. Most of the dentists will attend the annual meeting of the American Dental Association to be held in Chicago beginning September 13. While in Chicago, the dentists will enroll in special ten-day courses given by Northwestern University Dental School.

The group's tour of this country will include visits to Washington, D. C., Niagara Falls, Detroit, the Grand Canyon, and San Francisco.

Laffodontia

The young wife was feeling and looking very gloomy.

"What's the trouble, dear?" her friend, a wife of ten years' standing, inquired.

"Oh—my husband has been out all the evening, and I haven't the faintest idea where he is."

"You shouldn't worry about that," her friend replied, breezily. "You'd probably be twice as miserable if you did know!"

★

Man (at police station): "Could I see the burglar who broke into our house last night?"

Sergeant: "Why do you want to see him?"

Man: "I'd like to ask him how he got in without waking my wife."

★

"I am a woman of few words," said the haughty mistress to the new maid. "If I beckon with my finger I mean 'Come.' "

"I am a woman of few words, too," replied the maid. "If I shake my head I mean I ain't comin'!"

★

The country boy watching his first game of golf, was amused at the heroic efforts of a man in a sand trap to extricate himself. Finally the man belted the ball just right and it dropped on the green and rolled into the hole. "Gosh," chuckled the boy, "he's going to have a hard time getting out of that one."

★

1st Hubby: "My wife tells me that almost every night she dreams that she's married to a millionaire."

2nd Hubby: "You're darn lucky. Mine thinks that in the daytime."

★

It was 2 o'clock in the morning. The writer looked haggard and worn. "Darling," said his wife, "are you coming to bed?"

"No," muttered the busy author. "I've got the pretty girl in the clutches of the villain and I want to get her out."

"How old is the girl?"

"Twenty-two."

"Then put out the lights and get to bed," snapped the wife. "She's old enough to take care of herself!"

★

Artist, to impatient landlord: "In a few years people will look at this miserable studio and say, 'Doaks, the famous artist, used to work there.' "

Landlord: "If I don't get the rent by tonight, they'll be able to say it tomorrow."

★

We offer a prescription that beats doctors and drugs. Here it is:

Never hurry, never worry;
Miss a train if miss you must;
For trains and trains and trains
Will be running when you're dust.

★

Young Harry: "Dad, what's the difference between a gun and a machine gun?"

Dad: "There is a big difference. It is just as if I spoke, and then your mother spoke."

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Unsolicited letters from hundreds of denture wearers tell us they are chewing gum again—Dentyne Gum! The non-adhesive quality of Dentyne, they say, enables the bolus to be manipulated without sticking to their acrylic restorations.

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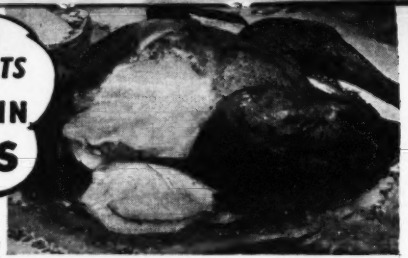

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10 to 18 lbs. . . . $1.25 the lb.

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A whole strip of bacon, sugar-cured and hickory-smoked according to a famous 80-year-old Forst family recipe. Full, lean—with all the little cartilages or "buttons" removed. Derind before smoking to insure that every morsel is lusciously tender and full-flavored. Ready to eat.

8 to 10 lb. Strips . . . . $1.20 lb.

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Hendrik Hudson—2 ea.—6—½ lb. cans $8.50

Peter Stuyvesant—1 ea.—3—½ lb. cans $4.75

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_____ New Amsterdam Ass'ts. 12—½ lb. cans @ $16.00
_____ Hendrik Hudson Ass'ts. 6—½ lb. cans @ $8.50
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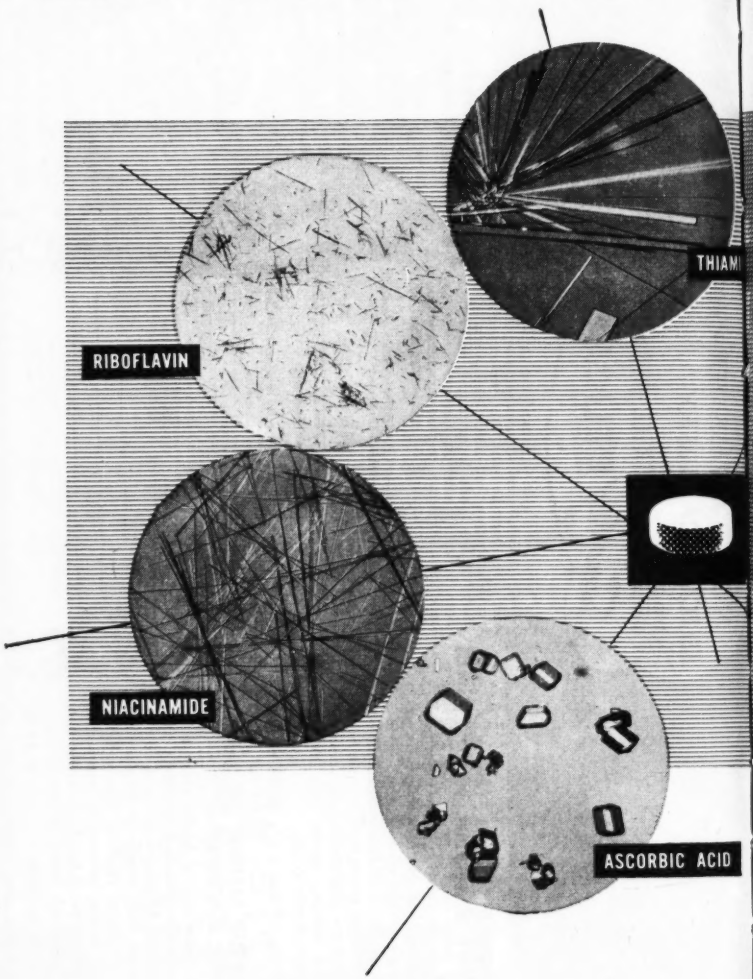

oral mucosa

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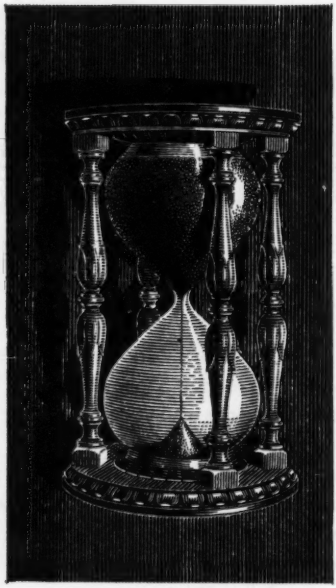
Prolonged effect

in local mouth lesions



Bristol Crystalline Penicillin G Troches, plain and with benzocaine, are white in color, pleasantly flavored with peppermint. The benzocaine form will be found especially useful in the presence of painful, inflammatory mouth lesions. The formula includes 5 mg. of benzocaine per troche, which provides adequate local anesthetic effect with minimum numbing discomfort.

Penicillin troches are used with definite relief in *Vincent's angina; ulcerative, aphthous or desquamative stomatitis; hypertrophic or ulcerative gingivitis; inflammatory paradentosis, and for postoperative discomfort.*

BRISTOL CRYSTALLINE PENICILLIN G TROCHES are available in bottles of twenty, each troche containing 5000 units of Crystalline Sodium Penicillin G.

BRISTOL CRYSTALLINE PENICILLIN G TROCHES with Benzocaine are packaged in bottles of twenty, each troche containing 5000 units of Crystalline Sodium Penicillin G plus 5 mg. of benzocaine.

Bristol

LABORATORIES INC. SYRACUSE, NEW YORK

Minimax alloy

Complies with A. D. A. Specifications No. 1 - Filings suitable for alloy-mercury gauges.

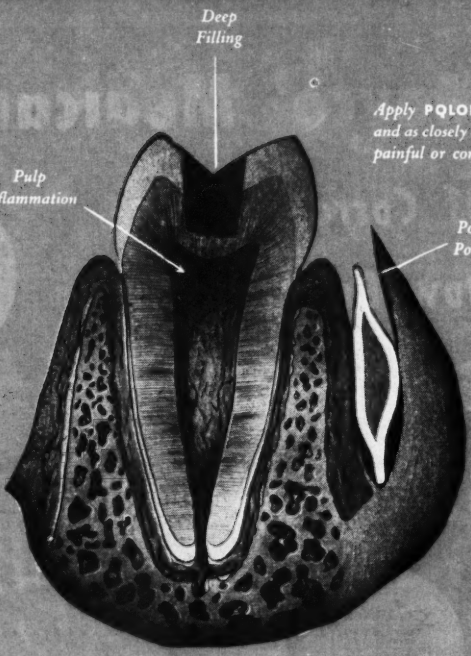
Roaring out of control, through miles of tinder-dry trees, another forest fire rages with flames flashing and smoke billowing high into the sky... despite the vigilant and valiant efforts of thousands of fire fighters. A tremendously destructive example of Nature's forces.

Because you encounter many of the undesirable physical forces of Nature when you mix alloy, and are confronted with uncontrollable variations that frequently cause filling failure, it is wise to use MINIMAX ALLOY NO. 178—*the superior alloy that is fabricated to resist these forces and still make amalgam that complies with ALL specifications.*

Minimax Alloy is fabricated to permit a wide leeway in manipulation, to produce long lasting successful fillings with your every day office procedure. Its essential properties will not be destroyed by the unavoidables encountered in mixing, packing and polishing. Buy Minimax for maximum results.

For best results mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth, become inefficient. As a convenience . . . Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

THE MINIMAX CO.
5905 N. Clark St.
Chicago 26, Ill.



for example:

POST-FILLING SENSITIVITY

Since the blood and nerve supply of the tooth pulp branch from the blood and nerve supply of the gingivae, local counterirritant stimulation of the gingivae (as with POLORIS) creates a functional reaction which helps relieve pulp congestion and pain. • For a professional supply of POLORIS, write to

POLORIS COMPANY, INC., 12 HIGH ST., JERSEY CITY 6, N. J.

38J

'Moyco' Medicaments

Of Corrosive Type Now Bottled With

Ground Glass STOPPERS

Accepted
COUNCIL on DENTAL THERAPEUTICS
AMERICAN DENTAL ASSOCIATION

Trichloroacetic Acid (90%, 50%, 25%, 10% Solutions)

★ ★ ★

Iodine Disclosing Solution

★ ★ ★

Iodine Resublimed

★ ★ ★

Tincture of Iodine

★ ★ ★

Potassium Permanganate

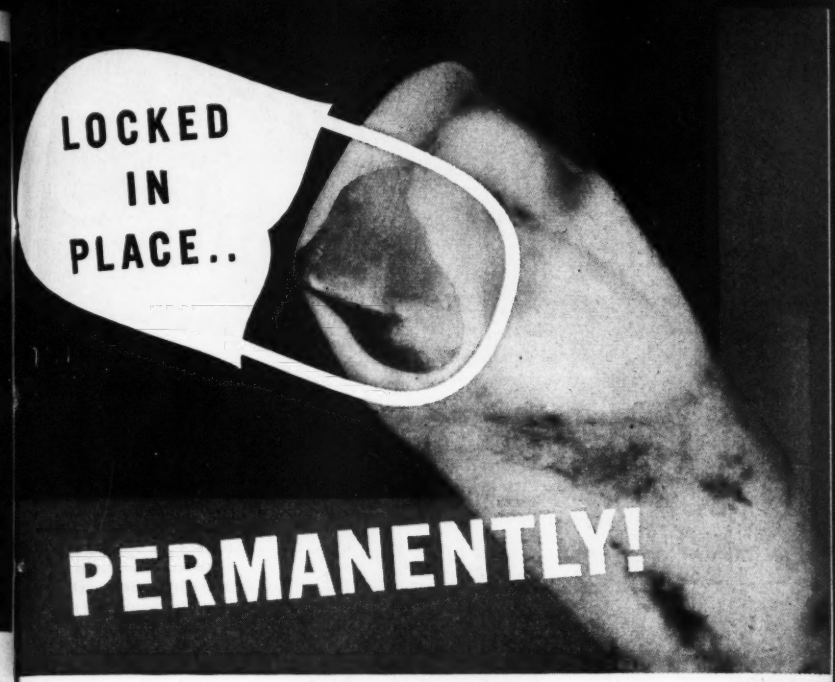
★ ★ ★

Sulfuric Acid

THIS stopper seals bottles perfectly. It prevents leakage, lessens evaporation, avoids contamination and is more sanitary.

'MOYCO' is the most complete line of auxiliary medicaments offered to the dental profession. A few are listed here. All are compounded to exact formulae of U. S. P. drugs.

THE J. BIRD MOYER CO., Inc.
117-21 North Fifth St.
Philadelphia 6, Pa.



A GOLD FOIL AFTER 57 YEARS OF SERVICE! COURTESY DR. M. B. CARTER.

Here's the secret — (4)

A restoration, as above, that stands the test of grueling service in the mouth for 57 years, truly demonstrates permanence in the highest degree. Such solid, lasting permanence is obviously more than a matter of superior skill; it is the result also of ideal characteristics in the material of which it is made.

Gold Foil not only *interlocks* with the dentin, sealing the cavity *hermetically*; it possesses also the characteristics for maintaining this seal *unimpaired*. As preceding discussions have shown, it is absolutely indestructible in the fluids of the mouth, and entirely compatible with the living tissues. And its fourth characteristic is that of *Excellent Contourability*.

Cohesive Gold Foil is capable of reproducing cusps, grooves, ridges, etc. so beautifully as to rival the finest creations of Nature's own handiwork.

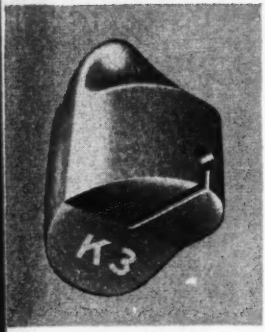
To be fully posted on the many advantages of this wonderful material, simply mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 3, Pa. — Established 1820.

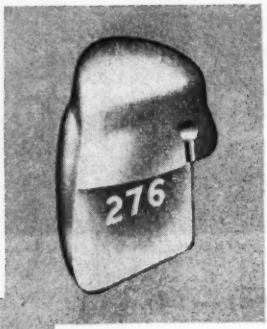
Save with GOLD FOIL

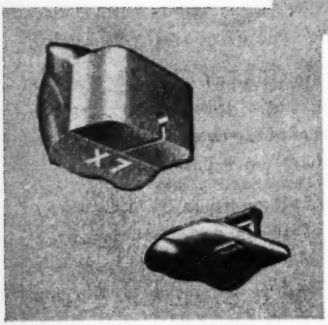
and you save FOR GOOD!

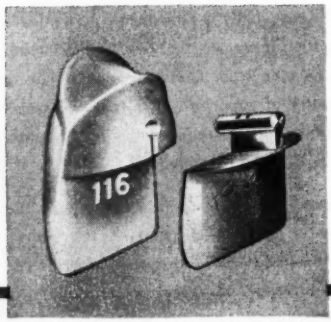
MH

Steele's Trupontics*









* Trupontics should not be confused with other types of pontic teeth. Trupontics are made only by Steele's, and have been used with the greatest success for over 20 years. Note that when used with genuine Steele's backings they are completely interchangeable.

. . . for the Very

IN *new hue* SHADES

The introduction of Steele's T*ru*pontics in New Hue shades suggests a reconsideration of the many advantages of this type of bridge tooth.

In a T*ru*pontic bridge only porcelain comes into contact with tissue—and glazed porcelain never causes irritation. Moreover the entire lingual anatomy of the lost natural tooth is restored, making it unnecessary for the patient to "get used to" the restoration.

And as you know, Doctor, the anatomy of the T*ru*pontic lends itself to all types of ridges. It is the only tooth perfectly suited for immediate extraction cases. The technic for this is simple and the patient is spared many days of discomfort and embarrassment.

The new Steele's T*ru*pontic teeth in New Hue shades, have a "living" appearance in complete harmony with adjacent natural teeth and surrounding tissue.

Reconsider T*ru*pontics, Doctor; and to their many other advantages you can now add—*vastly improved esthetics!*

THE COLUMBUS DENTAL MFG. CO. • COLUMBUS 6, OHIO

Finest Bridgework

FRIEND OF THE FAMILY

More and more, American families are relying on commercially prepared foods . . . in their everyday planning of wholesome and nutritious meals.

For we now enjoy an almost limitless choice of the foods we prefer, available in handy-sized containers for individual needs. These already prepared foods are economical, too . . . and usually are of exceptional quality.

One of the most important elements in canned, frozen and preserved foods—particularly fruits—is *sugar*. Sugar aids color retention . . . retards vitamin oxidation . . . and helps preserve the flavor, shape and texture of prepared fruits. Experiments at agricultural research centers have demonstrated the unique ability of sugar to give superior packs.

To assist manufacturers in supplying all of us with even finer foods . . . sugar's function in canning, in beverages, in baking and in ice cream manufacturing is being explored further by scientists working under Foundation grants-in-aid. Information about this field of our research program and current findings in other fields are available on request.

SUGAR RESEARCH FOUNDATION

A NON-PROFIT INSTITUTION **52 Wall Street, New York 5, N. Y.**

Coe calcium products for every need

COECAL DENTAL STONE

COE UNIVERSAL INVEST-MENT

AKERS SOLUBLE PLASTER

COE PLASTIC

COE INLAY INVEST-MENT

COE CROWN AND BRIDGE INVEST-MENT

COECAL—the original and most widely preferred dental stone is unsurpassed for models or flasking. It's strong, hard, accurate, and uniform. Available in white or buff color; 4½ lb. cans to 100 lb. drums.

COE UNIVERSAL INVESTMENT—the ideal all-purpose investment for all casting and soldering operations, high or low heat technics, rapid or slow wax elimination. Produces clean castings for inlays, crowns, pontics, full and partial dentures. 4½ lb. cans to 100 lb. drums.

AKERS SOLUBLE PLASTER—an extremely fine plaster compound that fractures easily with a clean line and separates by boiling leaving model true, unbroken and unmarred. 3 lb. 10 oz. cans to 75 lb. drums.

COE PLASTIC—for use as a wash in plaster-wash technics with modeling compound. Records finest detail, does not flake. Ideal also for corrective impressions in relining and rebasing. 1 lb. to 20 lb. cans.

COE INLAY INVESTMENT—for precision wax expansion technics. Provides a high degree of accuracy. 4½ lb. cans to 100 lb. drums.

COE CROWN & BRIDGE INVESTMENT—an exceptionally high grade strong, quick setting investment for all soldering and similar operations. Widely used as an outer investment in casting procedures. 5 lb. cans to 100 lb. drums.

Coe Laboratories, Inc.

Chicago 21, Ill.

THROUGH YOUR FAVORITE DEALER

Special Problems in Denture Retention

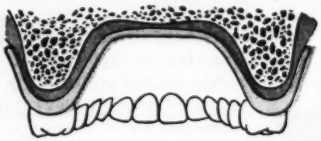
Reproduction at the right is taken from the Wernet Booklet "Special Problems in Denture Retention" published for the dental profession.

ANATOMICAL COMPLICATIONS

U-Shaped Vault

Frequently associated with a tapering type face.

Inasmuch as stability is proportion of the bea and since horizontal or near-horizontal palatal sur optimal resistance to the essentially verti masticatory stress, it becomes evident that or V-shaped vault, with its limited horizon presents quite a problem in retention. The vault is usually seen in the patient with a heart-shaped face. Surgical correction of vault is not possible, but denture retenti assisted materially by the use of Wernet's P ing the adjustment period. Its safe, per action enhances stability of the denture a ages rapid patient mastery of the appliance

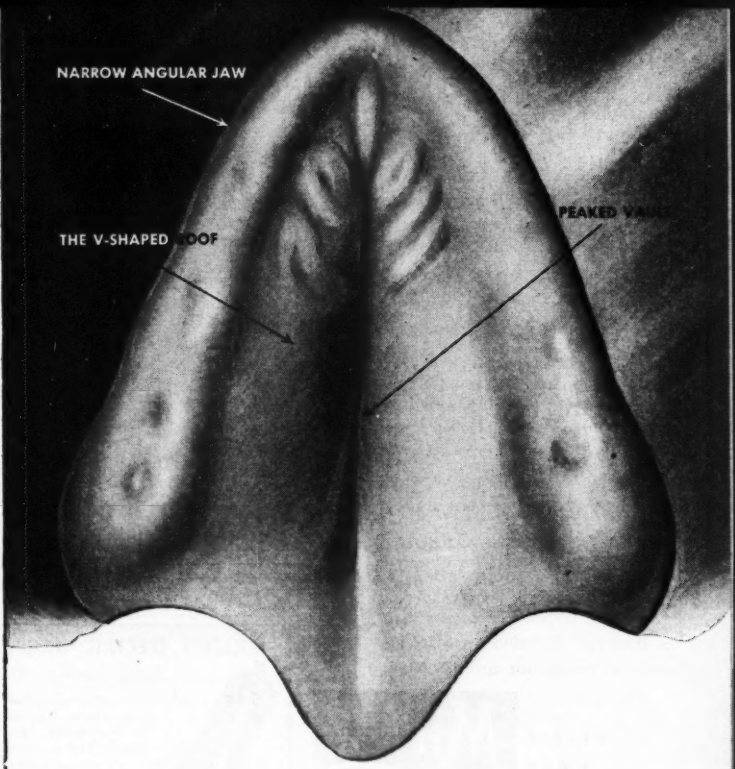


(a) Flat, U-shaped roo plate presses against straight line (favorable

(b) Peaked, V-shaped roof of mouth: the plate presses against a slanted, yielding line (difficult).

Accepted
COUNCIL ON DENTAL THERAPEUTICS
AMERICAN DENTAL ASSOCIATION

WERNET'S



(Left)—Pressure against a slanted surface tends to produce slipping.

(Right)—Pressure against flat surface enjoys adequate support at every point of contact.

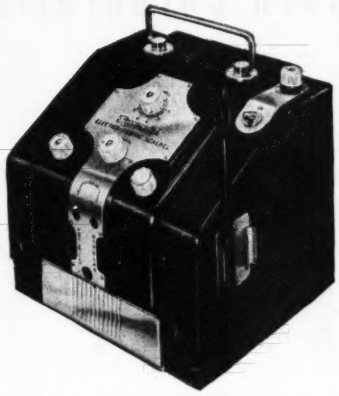
9

Wernet's Powder is a sound suggestion — whether in "treatment cases" during the first weeks of adjustment... or in anatomically difficult cases ... or for the nervous patient who finds denture mastery unduly trying. Wernet's Powder carries the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

POWDER

Write for professional samples. Address Dept. 48-J

WERNET DENTAL MFG. CO., JERSEY CITY, N.J.



The Wappler Electro Dental Scalpel

A Precision Instrument For Electrosurgical Procedures in Dentistry...

Finely engineered, this compact high frequency apparatus provides tissue-cutting, hemostatic and electro-coagulating currents of correct characteristics for safe, rapid, relatively bloodless dental surgery.

Extremely fine control of tissue cutting currents is provided by means of an accessory condenser and a selector switch. Tissue cutting currents of very low intensity may be applied by means of a small electrode, to provide clean, sharp dissection with a minimum of tissue destruction, no noticeable scar, and practically no bleeding.

Effective in the treatment of gingival infections (by excision or electro-coagulation), in the control of pyorrhea (electro-coagulation), or removal of diseased tissue.

Also helpful in the treatment of erupting teeth, pericoronal infections, overhanging or hyperplastic tissue, swollen interproximal papillae, gingivectomy, frena, muscle attachments, movable tuberosities, hemorrhage in socket and hemorrhage in tissue.

Advantages of electrosurgery over scalpel:

1. Destruction of diseased tissue in situ
2. Less tissue manipulation
3. Complete sterilization
4. Bloodless operating field
5. No wiping or aspirating
6. More rapid healing
7. Soft scar formation
8. Speed

WRITE FOR DESCRIPTIVE LITERATURE

American Cystoscope Makers, Inc.

1241 LAFAYETTE AVENUE — FREDERICK J. WALLACE, *President* — NEW YORK 59, N. Y.

The Myerson Tooth Corporation

Proudly Presents

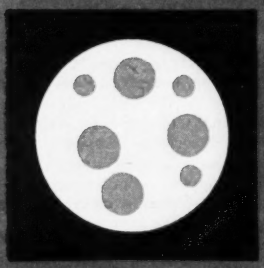
Loktone

THE FIRST IMPORTANT ADVANCE IN AN

acrylic denture resin

SINCE THE INTRODUCTION OF THE
POWDER AND LIQUID METHOD TEN YEARS AGO.

The Color Is Locked In



COMPARE

Most dramatic of the many improvements incorporated in Loktone is the locked-in color which prevents "running" and streaking, provides unequalled color dependability.

LOKTONE

In these drawings from photomicrographs (magnified 1000 X) note how the pigment of Loktone is actually locked within the tiny spherical granule,

OTHERS

In the typical denture base material granule the pigment is in the form of a relatively insecure coating on the outside surface.

LOKTONE IS *NEW* **LOKTONE IS *DIFFEREN***

LOCKED-IN color is but one of many advantageous features presented in this remarkable new material. In addition Loktone...

LOOKS MORE NATURAL — has a new variegated tissue-like appearance exclusive with Loktone because it depends on its unique structure.

PACKS BETTER — reduces risk of opened bites, checked teeth and gives more faithful reproduction of the model.

SAVES TIME AND LABOR — no stirring is required in mixing, it practically mixes itself and remains workable longer.

AND HAS BETTER FINAL PHYSICAL PROPERTIES — mixing without stirring and no mineral color layers to interfere with the "wedding" of the polymer and monomer contribute to greater density, toughness and dimensional stability.

For the complete story you will want to read the interesting free brochure "Loktone Is Different" which describes Loktone's development and gives details on the tests and advantages of this amazing material.

INTRODUCTORY OFFER
at no risk to you

Mail this coupon for one laboratory-size package of Loktone (sufficient for ten average cases) at $15.00.

With this package, you will receive FREE, a smaller trial package. If, after using this smaller sample, you are not convinced of Loktone's superior qualities, you may return the large package (unopened) for full credit.

Myerson Tooth Corporation
90 Hamilton Street
Cambridge 39, Mass., U.S.A. (Check)

Ship trial package and bill me $15.00 ..... ☐
Mail Loktone Booklet ..... ☐

Dr. _____

Street _____

City _____ State _____

My Lab is _____

KTONE IS *BETTER*

Super-clenz

PROPHYLAXIS PASTE

HERE'S YOUR EASIEST, CLEANEST, MOST ECONOMICAL WAY TO CLEAN TEETH!

Ready-mixed . . . non-spattering . . . quick acting but gentle . . . longer lasting

There's no better preparation for cleaning the teeth than Super-Clenz Prophylaxis Paste. It's scientifically compounded to accomplish the very best results while saving you time, work and money. Your patients will like pleasant-tasting Super-Clenz because it gives their teeth glistening whiteness and high polish. Ask your dealer for a 14-oz. jar and keep Super-Clenz in your supply cabinet for every prophylaxis.

Super-clenz **MADE BY DENTAL ABSORBENTS CO. ESTABLISHED 1932 • LOS ANGELES, CALIF.**

FOR PRECISION CUTTING

Clauss PLATE SHEARS

Easy-handling, short-blade shears for fine, accurate work. Hot drop forged, hardened and tempered, nickel plated. Strong slender shanks, black japanned handles. 7-1/4" long. One of many fine quality dental and surgical scissors.

Stock No. 4877

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SHEAR QUALITY SINCE '77

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after extractions
ALKALOL
mild mucus solvent

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The Alkalol Company, Taunton 15, Mass.

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Cast, solid bronze signs, drilled with screws

DR. M. WHITELEY

3"x12"—$7.20, 3"x14"—$8.40, 3"x16"—$9.60.
Add $1 for each additional line.
4"x14"—$12.30, 4"x16"—$14.10, 4"x18"—$15.85.
5"x16"—$17.60, 5"x20"—$22.00, 6"x20"—$26.40.
CHECK MUST ACCOMPANY ORDER
Ask for prices of other sizes.
Also "Waiting Room" and other signs,
3" x 12", $7.20.

LAUER METAL SHOP
1108 Cathedral Street, Baltimore 1, Md.

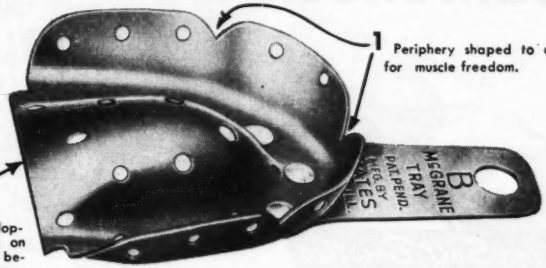
Now Available...the new **McGrane Trays**

for use in all

NON-TISSUE DISPLACING PROCEDURES

No matter which procedure you may prefer, you will find the many features and innovations in the advanced design of these ten trays extremely valuable in your practice. These trays will give you more satisfactory service, and will reduce chair time and lead to greater patient satisfaction.

6 IMPORTANT ADVANTAGES

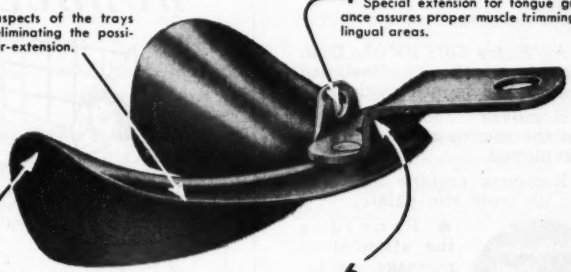


1 Periphery shaped to allow for muscle freedom.

2 Special sloping extension on the post dam between the hammular notches captures the throat form.

3 Buccal aspects of the trays are short, eliminating the possibility of over-extension.

4 Special extension for tongue guidance assures proper muscle trimming of lingual areas.



5 Complete coverage of the retro molar pad areas.

6 Complete lip freedom due to the form of the handle.

Ten Trays: Six lower trays come in pairs, one shallow (for flat mouths), one deeper (for normal mouths), in sizes Large, Medium, and Small. The four upper trays provide a complete range for your requirements.

ENTIRE SET OF 10—PLAIN OR PERFORATED $10.00.

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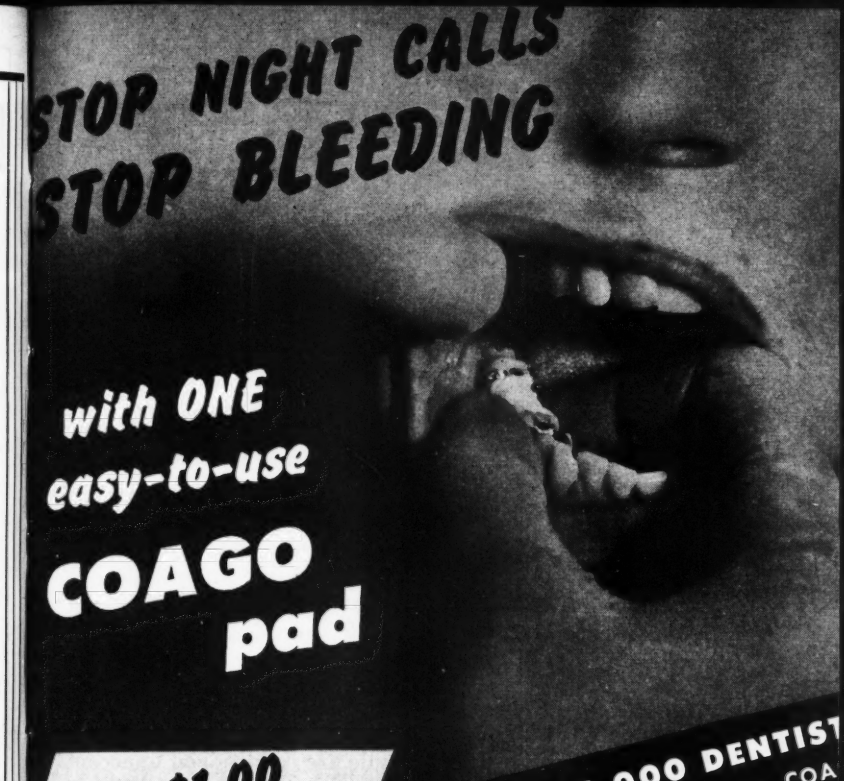
J. YATES DENTAL MFG. CO.

340 W. HURON ST. • CHICAGO 10, ILLINOIS



only $1.00 for 9

COAGO stops bleeding in 1 to 7 minutes. So simple to use, you can give COAGO Pads to each extraction patient ...and you can sleep at night. Just place the pad gently on the socket-- the hemorrhage stops immediately. Send $1.00 for 9 pads today

USED BY 5,000 DENTIST

Created by a practicing dentist, COA Pads have been used by more than 5, active dentists all over the cou Available ONLY By Mail from Laboratory.

MAIL NOW!

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Halford Laboratories
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☐ Enclosed find $..... Send me ..... COAGO

☐ Send me Professional Sample FREE.

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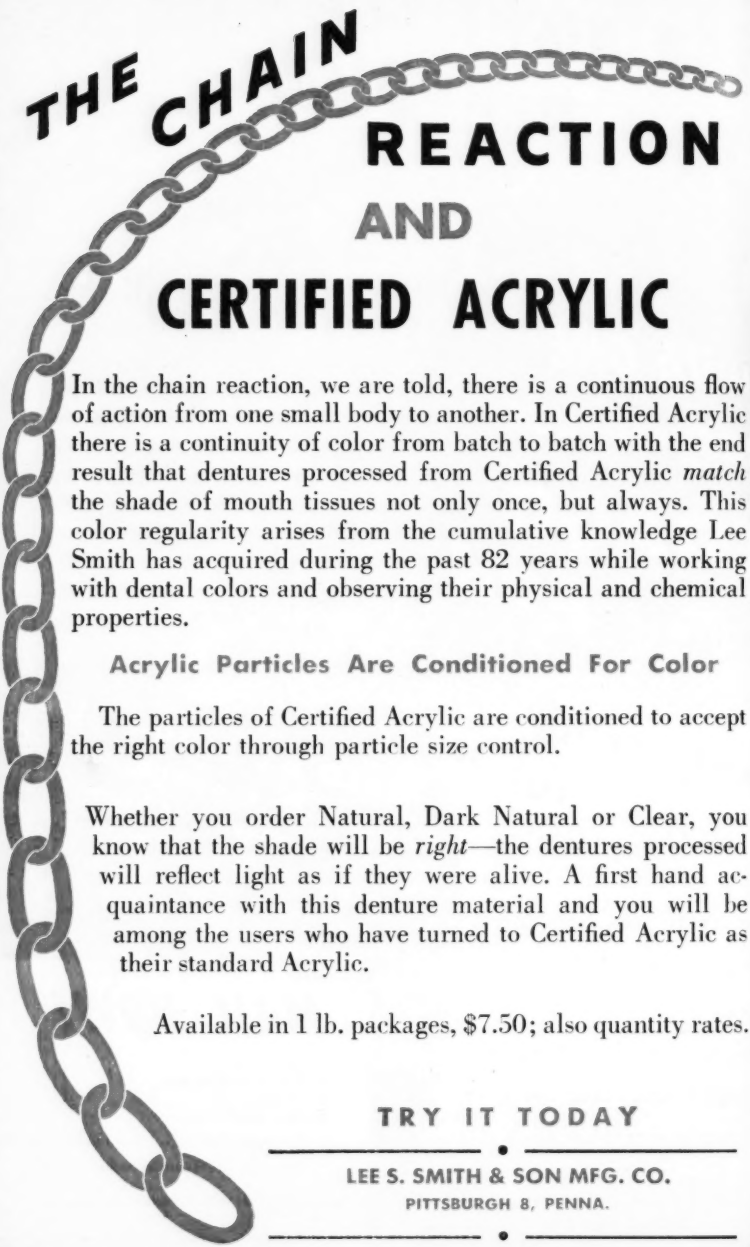

In the chain reaction, we are told, there is a continuous flow of action from one small body to another. In Certified Acrylic there is a continuity of color from batch to batch with the end result that dentures processed from Certified Acrylic *match* the shade of mouth tissues not only once, but always. This color regularity arises from the cumulative knowledge Lee Smith has acquired during the past 82 years while working with dental colors and observing their physical and chemical properties.

Acrylic Particles Are Conditioned For Color

The particles of Certified Acrylic are conditioned to accept the right color through particle size control.

Whether you order Natural, Dark Natural or Clear, you know that the shade will be *right*—the dentures processed will reflect light as if they were alive. A first hand acquaintance with this denture material and you will be among the users who have turned to Certified Acrylic as their standard Acrylic.

Available in 1 lb. packages, $7.50; also quantity rates.

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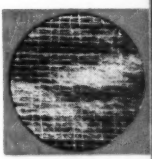
PITTSBURGH 8, PENNA.

they had to be good

so we made them better!



Close-up of inner gauze surface, showing cotton filmation for greater absorbency.

Dentistry's standard sponge for mouth surgery, the J & J Exodontia Sponge, is perfectly formed by machine—no raw edges, no loose threads or cotton fibres . . . and sterilized *after* packaging. Cotton filmation (exclusive with J & J) provides greater absorbency at lower cost. Thus you can safely economize, *with the best!*

Supplied in two sizes, packed in convenient paper bags, for instant use:

PACKAGED STERILE OR NON-STERILE

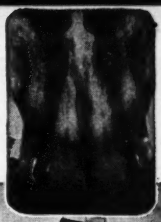
Sterile 2" x 2"—boxes of 500 and 1000
3" x 3"—boxes of 500
Non-Sterile 2" x 2"—boxes of 8000
3" x 3"—boxes of 2000

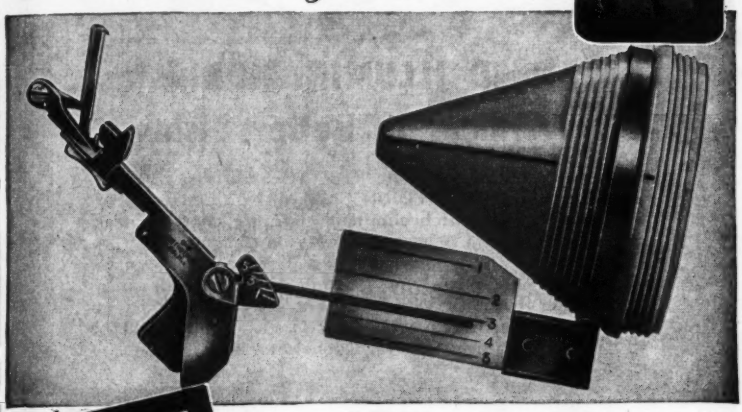
DENTAL DIVISION
Johnson & Johnson

exodontia Sponges

MATHEMATICAL ACCURACY OF ANGULATION

...*without guesswork*





PRICE COMPLETE
with 2 bite blocks, cone indicator ring and tab $25.00

THE ORTHOLATOR TECHNIC

routinely produces undistorted films and eliminates retakes. It requires little practice and no unusual skill to operate. Ease of access to the lingual areas of the maxilla, mandible and retro-molar regions is readily accomplished... and with virtual elimination of gagging.

FITS ANY STANDARD DENTAL X-RAY APPARATUS

SAVES TIME AND EXPENSE—With the aid of the Ortholator, the average operator can produce a series of 14 films in six minutes... every one of which is totally free from elongation, foreshortening or lateral distortion... films of excellent diagnostic value. Patients are also completely relieved from sharing any responsibility in the film-holding phase of the procedure.

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BARD-PARKER COMPANY, INC.
Danbury, Connecticut

A BARD-PARKER PRODUCT


BALANCED ILLUMINATION is an
Investment in Better Vision
When you combine the Castle "G-V" (General Vision) Light with the Castle PANOVISION Spotlight you get Balanced Illumination . . . which eliminates lighting contrasts that strain your eyes and reduce your working efficiency.
While the PANOVISION provides glare-free shadow-free light in the mouth, the "G-V" bathes the entire room in a soft glareless radiance, with special intensity in the vital area at the chair. Wilmot Castle Company, 1122 University Ave., Rochester 7, N. Y.
Have you seen the new
PANOVISION
LIGHT?
Castle
LIGHTS AND
STERILIZERS

In CO-RE-GA you'll find more than just an ordinary denture adhesive.

You'll find a velvety *powder* with a plus . . . that extra quality and longer lasting effectiveness which comes only after years of endeavor and ethical procedure.

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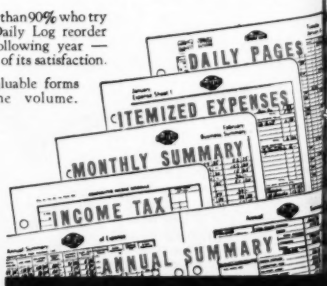

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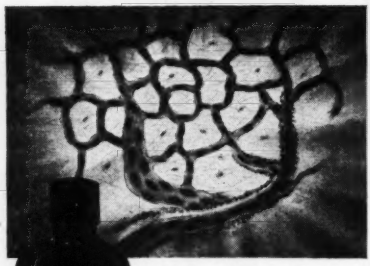

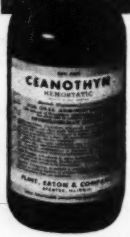

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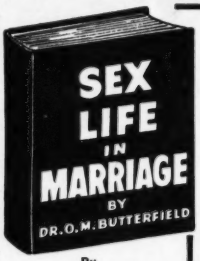

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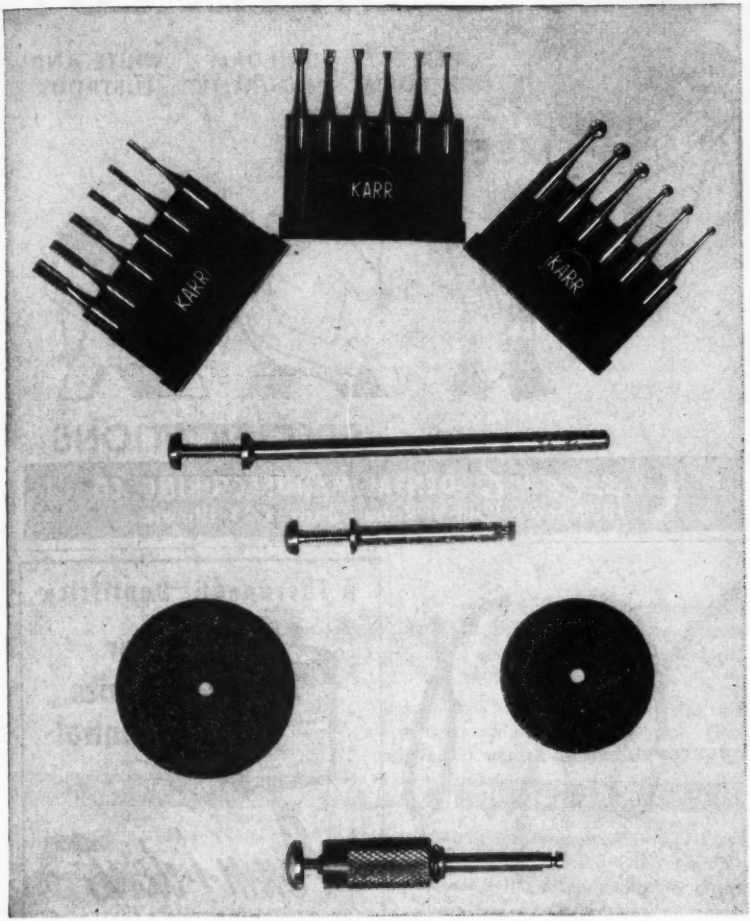

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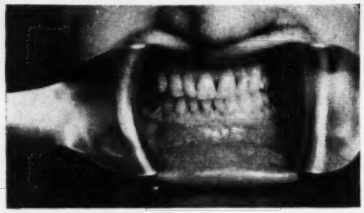

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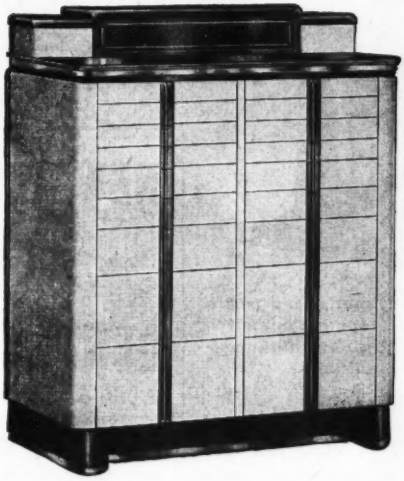

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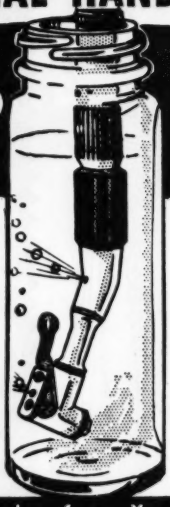

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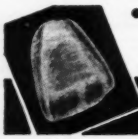

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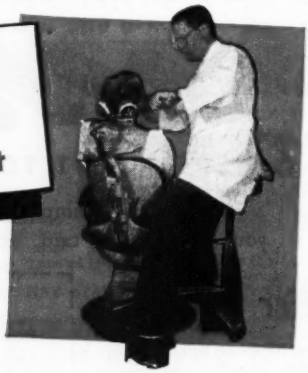

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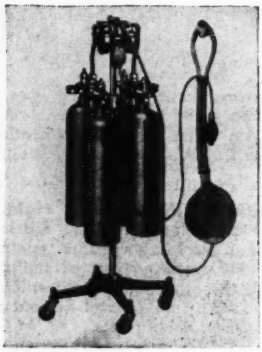

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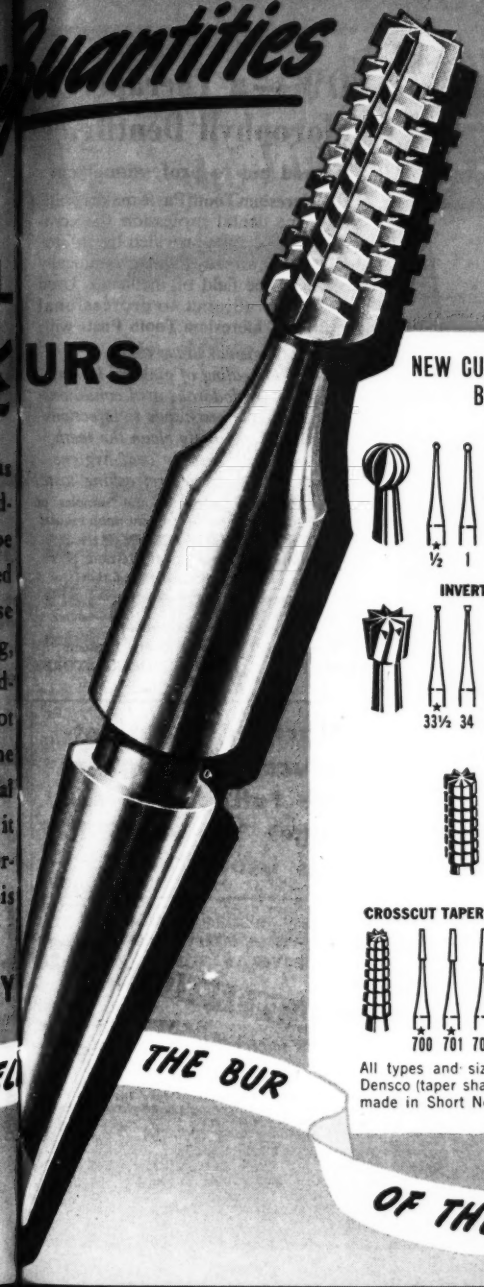

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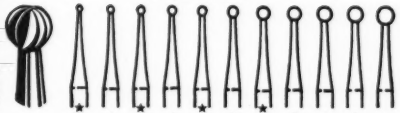

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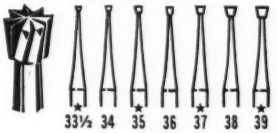

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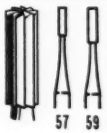

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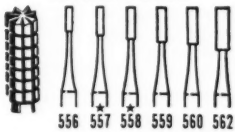

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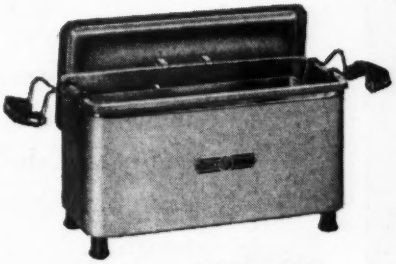

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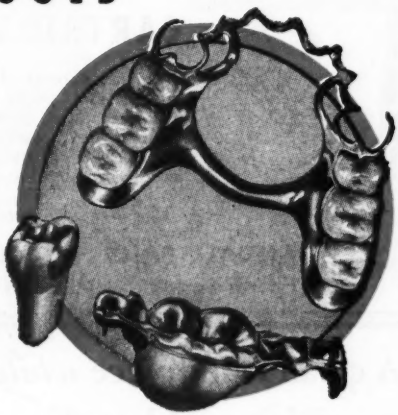
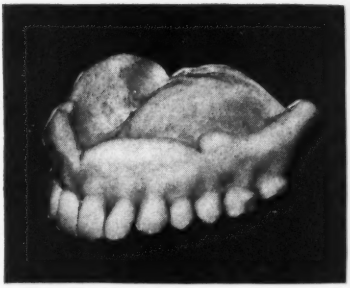
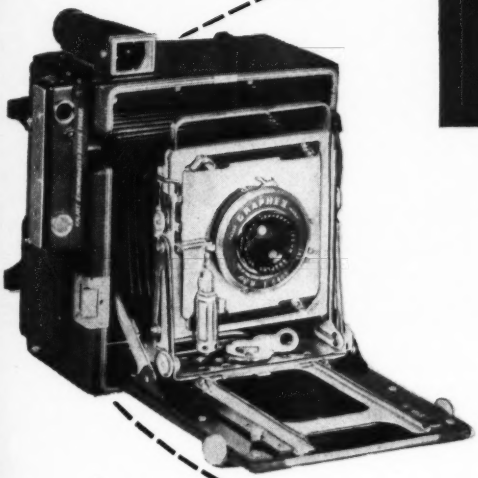


Super-Oralium was specially formulated for those Dentists who are skeptical of economy alloys. It has a beautiful light neutral color. It is a "universal" alloy which casts, solders and finishes as any other high grade casting gold.

The perfect blending of its high Palladium-Gold content imparts exceptional resistance to oral tarnish. *Note its remarkable physical properties!*

		Brinell	*Prop. Limit*	*Tensile St.*	*Elongation %*
SUPER-ORALIUM	Softened	175	52,000	83,000	9.0
	Hardened	220	67,000	116,000	3.0

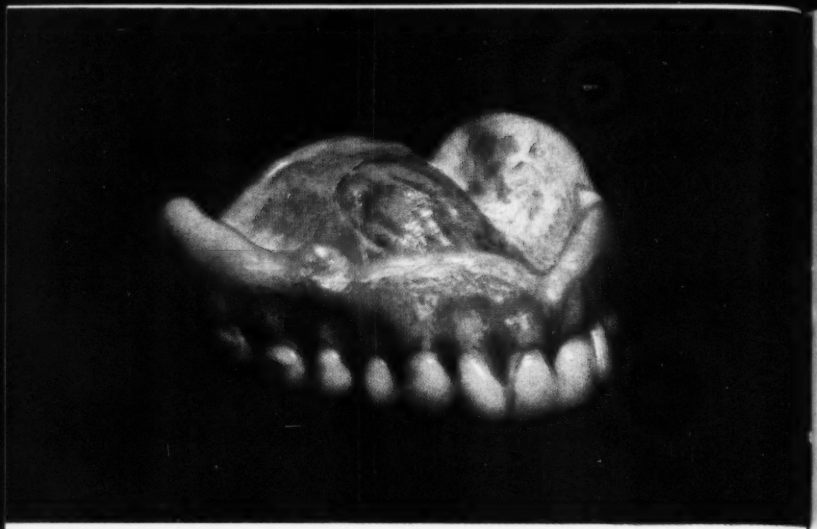




A PICTURE
IS WORTH . . .

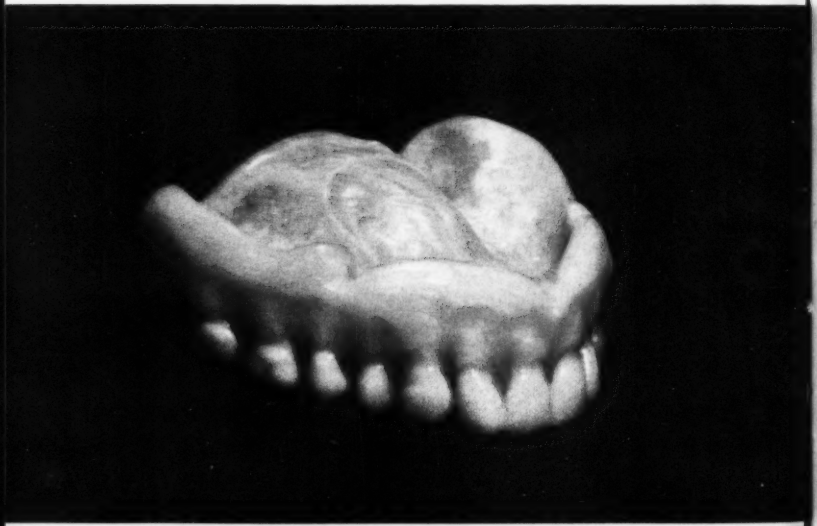
10,000 WORDS

. . . . and these actual color photographs are more convincing than any *written* claims could be.



ABOVE is an actual color photograph of a denture after being worn for one day by a patient on normal diet including eggs and chocolate.

BELOW is an actual photograph of the same denture taken thirty minutes later, after immersion in Ora Denture Cleanser solution.



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Following years of laboratory research, ORA was introduced to the Dental Profession a little over a year ago. Since then, the enthusiastic letters of many dentists and their denture wearing patients have proved that ORA is definitely a superior product.

ORA is guaranteed not to injure dentures

ORA *does these things Better!*

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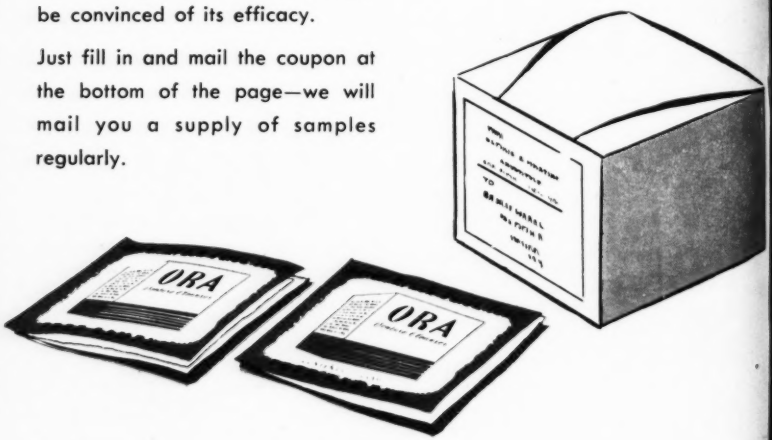
We are anxious to have you try ORA on some difficult to clean dentures so that you will personally be convinced of its efficacy.

Just fill in and mail the coupon at the bottom of the page—we will mail you a supply of samples regularly.



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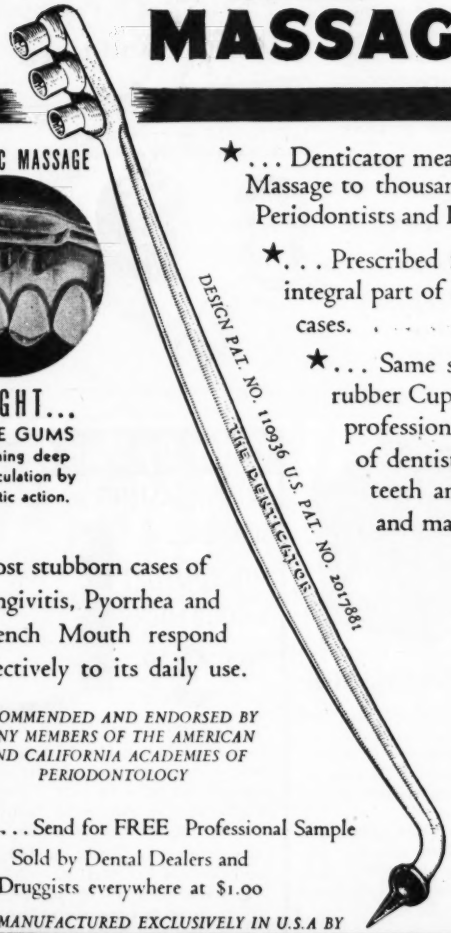

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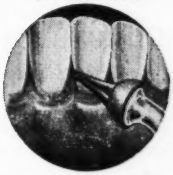

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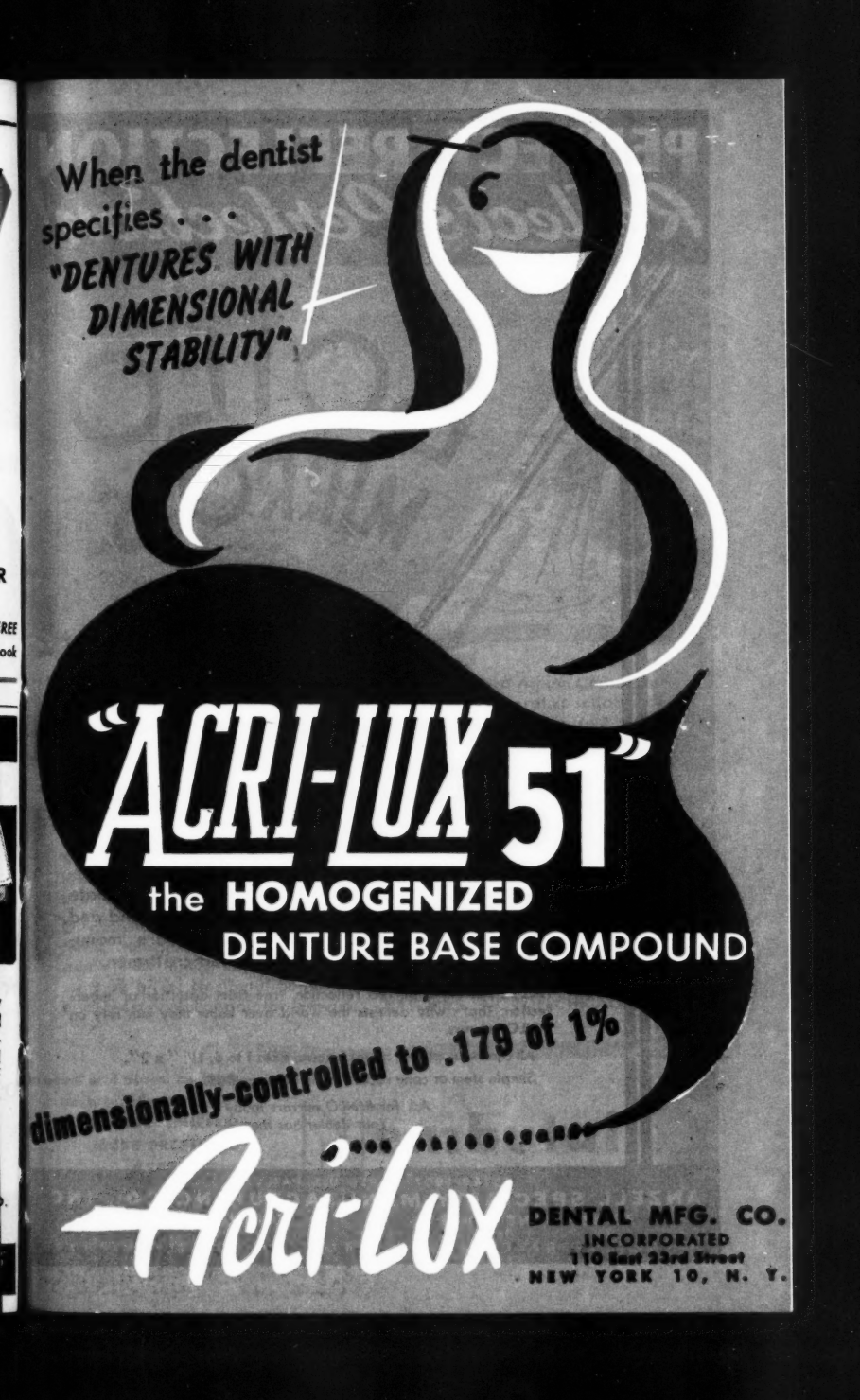
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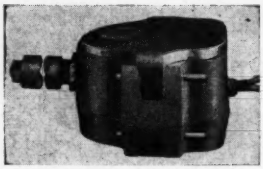

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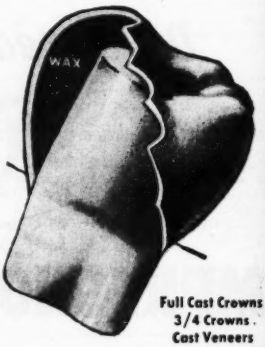

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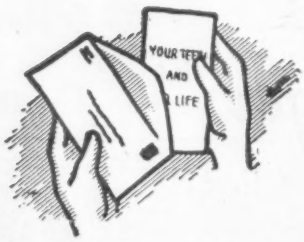

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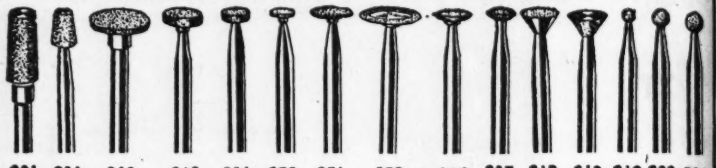

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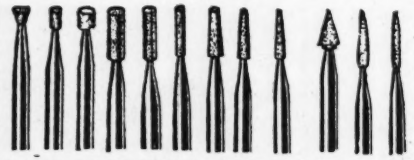

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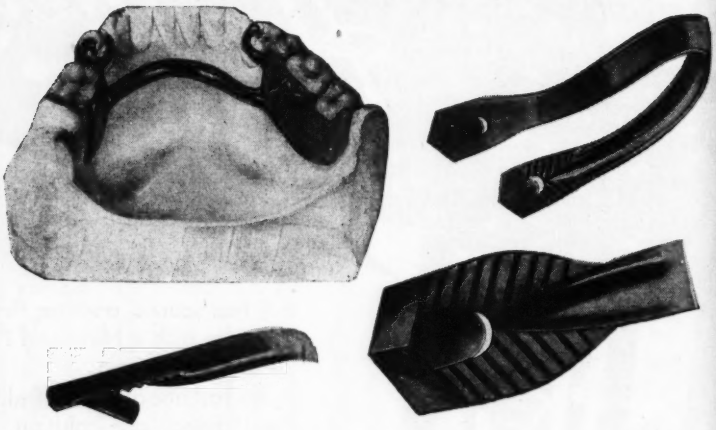

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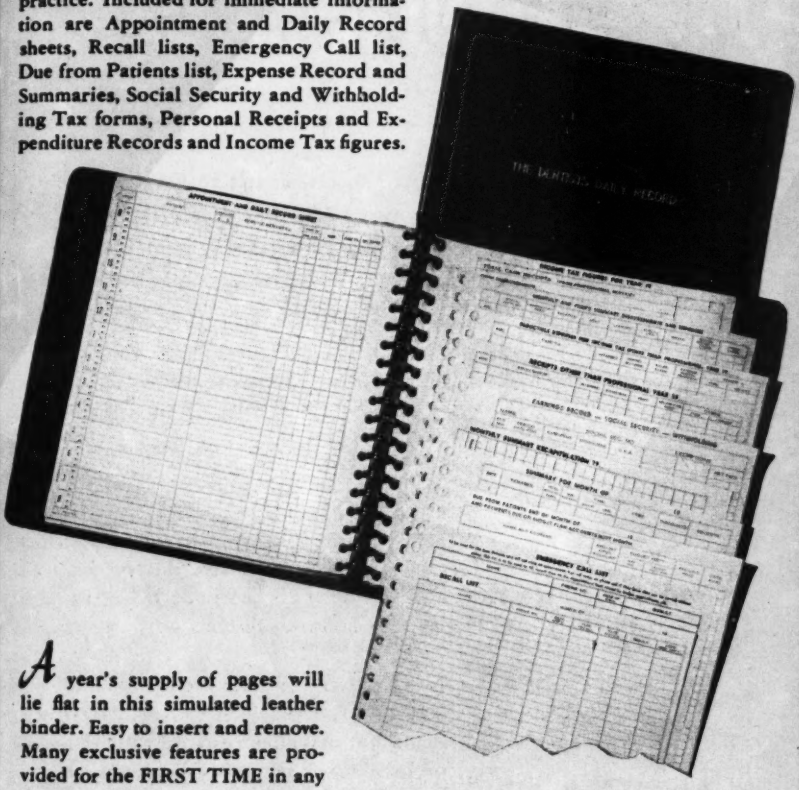

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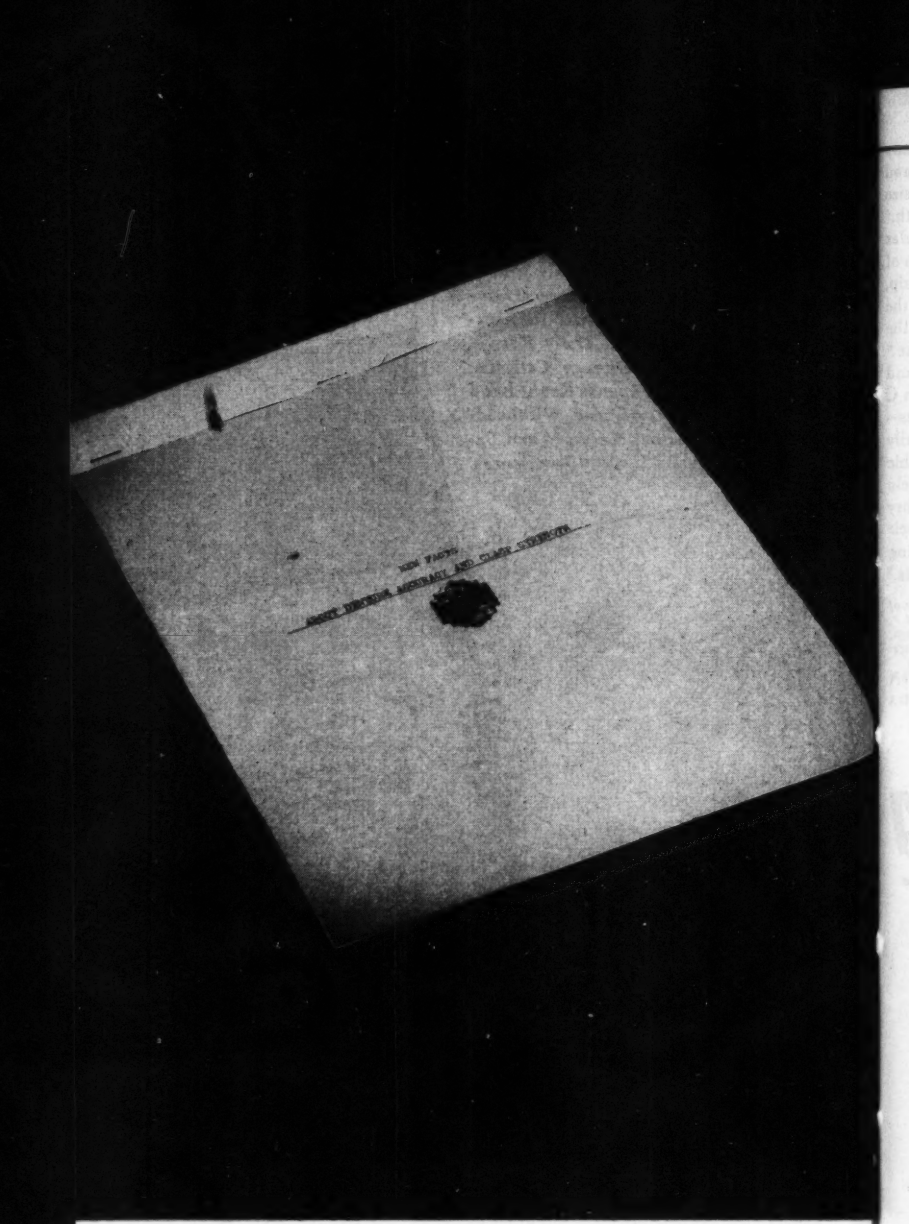

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REFERENCES:

1. Florestano, H.J. et al.: J. Dent. Research, 20:521, 1941.
2. Gordon, E.S. and Sevringhaus, E.L.: Vitamin Therapy in General Practice, Year Book Publishers, Chicago, 1942.
3. Miller, S. C.: Textbook of Peridontia, Blakiston Co., Philadelphia 2nd ed., 1944.
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5. Schnurman, A. G.: Virginia Med. Monthly, 74:21, 1947.
6. Sherman, H. C.: Chemistry of Food and Nutrition, Macmillan Co., New York, 7th ed., 1946.

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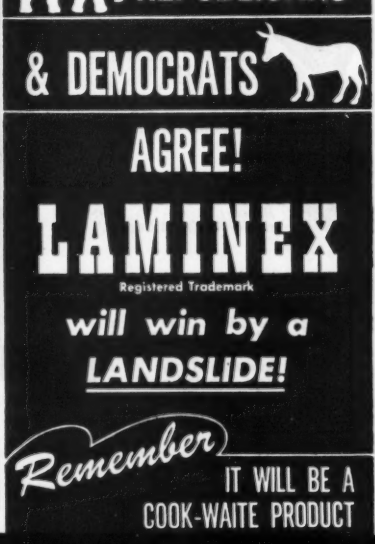

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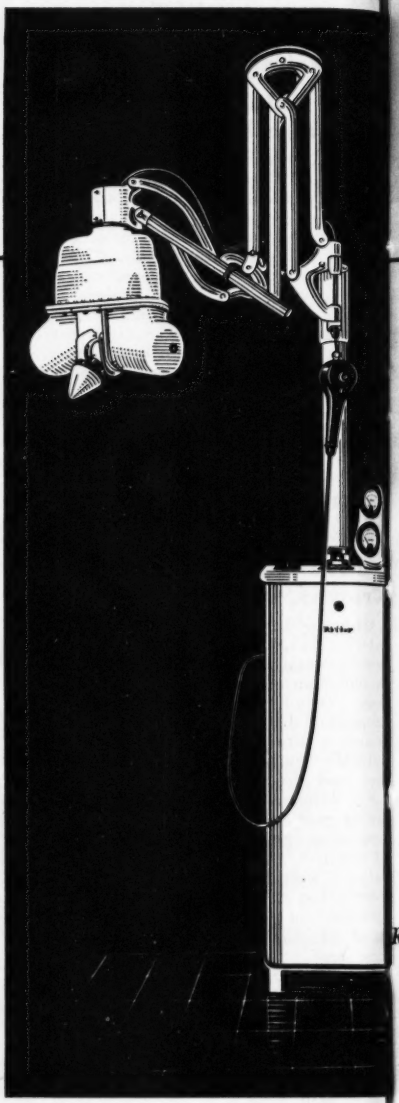

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Ritter—The Equipment Preferred by the Majority of Dentists.

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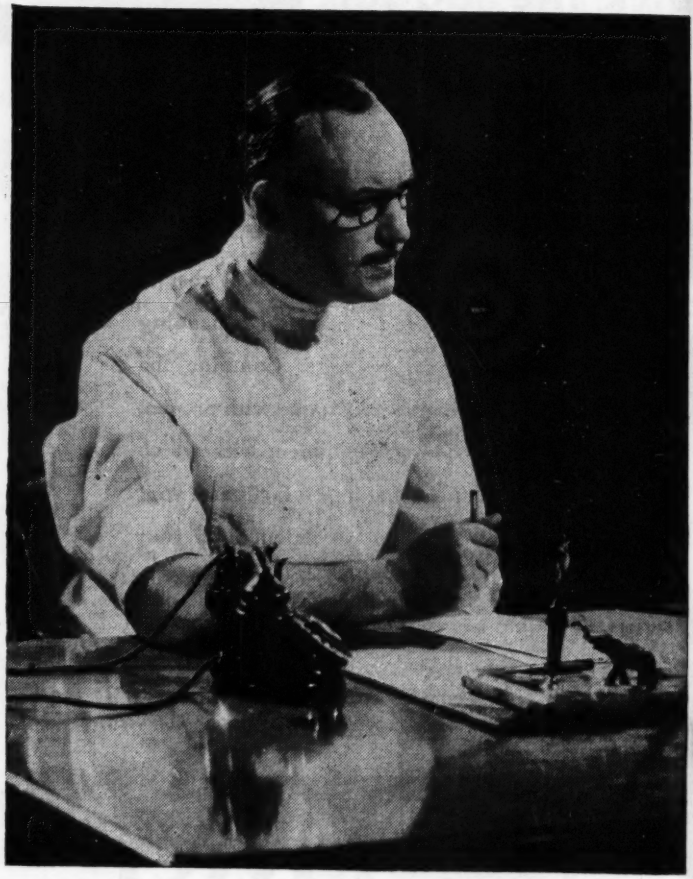
BUILT UP TO A STANDARD . . . NOT DOWN TO A PRICE



"All ingredients in FASTEETH meet the official United States drug standards for purity and quality."
Gum Karaya N.F VIII, Sodium Borate U.S.P., Oil of Peppermint U.S.P.

CIENTIFICALLY GRADED *Karaya Gum* JSED IN FASTEETH

The most important single factor in the scientifically controlled FASTEETH manufacturing process is the careful selection of the exact grades of gum necessary for the most efficient degree of viscosity and consistency. The makers of FASTEETH will accept no other grades.

Try this alkaline, pleasantly flavored, denture powder among your patients. We feel sure that the degree of comfort and stability FASTEETH provides will convince you of its efficiency.

FASTEETH

CLARK-CLEVELAND, INC. OH-9

Binghamton, N. Y.

Gentlemen: Please Send Professional Samples of Fasteeth.

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19c per word. Initials and figures used each counting as one word. Please send remittance with your order.

WANT ADS

Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is $3.

FOR SALE: Practice in southern Missouri city of twenty-thousand; Ritter master unit, two Ritter pump chairs, G. E. CDX, American cabinet, two Panovision lights, Castle sterilizer; twelve hundred square feet; reception room, business office, sterilizing alcove, dark room, private office, laboratory, powder nook, private washroom; five year lease. Equipment one year old. Selling for family reasons. Nine thousand dollars. "534" Oral Hygiene, Pittsburgh, Pa.

EXCELLENT OPPORTUNITY FOR DENTIST with Arkansas license. Complete modern dental office in exceptionally good town with thirty-thousand surrounding population. Hunting and fishing supreme year-round. "535" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental office fully equipped in downtown Boston, Mass. Inventory price. Leaving city. Call Commonwealth 6-3946 or Algonquin 4-2943.

FOR QUICK SALE: Dental office, located in Mother Lode country; dentist badly needed. Completely equipped; White units, Ritter chair, x-ray, cabinets, instruments, supplies. Reasonable. Box 525, Sutter Creek, Calif.

FOR SALE: Due to ill health, profitable dental practice and office equipment in northern New York college town. Fine office, low rent. Will sell reasonably. L. P. Regan, Potsdam, N. Y.

DENTIST WANTED with Illinois license. Large central Illinois city. Salary 50% of gross, everything furnished and a chance to buy half interest at the end of one year. "536" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice established twenty years in state bank building; population four thousand, one other dentist. Latest equipment, new x-ray. Price forty-five hundred dollars cash. Retiring. Dr. Alvin Culbertson, Vandalia, Mo.

FOR SALE: Very live exclusive gold and denture practice Midwestern Illinois. Best fees. Hours 9-5. Have waiting list. Two chairs, Ritter equipped. Consider partner to take over practice later. Leaving state. "537" Oral Hygiene, Pittsburgh, Pa.

HAVE BEEN LOCATED IN SAME OFFICE, 37 years, in large city in New York state. Would like to buy home and office combined in small city or town or share office with recent graduate (have equipment for two offices including x-ray) or will associate with another dentist to do x-rays and dentures only if desired. "538" Oral Hygiene, Pittsburgh, Pa.

DENTAL OFFICES-HOME: Excellent combination of authentic Colonial home and general practice of dentistry in Randolph, N. Y.; short drive Chautauqua Lake; a gorgeous home, with large living room, finished in beautiful classic woodwork, modern kitchen, lovely mahogany veneer staircase, four bedrooms, two baths, game room, hobby room, dining room, breakfast nook, sewing room, also business office, reception room, two operating rooms, laboratory, dark room; beautifully landscaped ½ acre lawn, with ornamental iron fence, flagstone terrace; owner established twelve years. Doing twenty-five thousand dollars annually; all dental equipment included; price complete—only thirty-five thousand dollars; B-8708. West's Farm Agency, W. H. Shipherd, 22 Jamestown St., Randolph, N. Y.

WANTED: Dental hygienist; dental assisting and office practice. Dr. Richard T. Oliver, 3305 South Peoria, Tulsa, Okla.

WISH TO PURCHASE established practice or become associated in partnership with well established dentist in New York state. Have had eleven years' experience including surgical interneship. "539" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Large established thirty-six year practice, and equipment, centrally located. Two operating rooms, x-ray room, large waiting room. Exceptionally good opening, good fees. Retiring. Dr. R. E. Guthrie, 713 First Huntington National Bank Bldg., Huntington, W. Va.

ASSOCIATE WANTED: with established dentist in northwestern Illinois. Partnership offered after six months acquaintance period. Guaranteed starting salary and percentage basis. Dr. W. H. Cable, Lena, Ill.

WANTED: Dentist with Ohio license to assist in two-chair office. Will sell office or one-half interest to reliable party. Good fees, short hours. "Opportunity" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist registered in New Jersey for well established office. Will sell reasonably after you are acquainted with trade. State age and how long in practice. "540" Oral Hygiene, Pittsburgh, Pa.

POSITION WANTED with a dentist or group of dentists by all-around dental technician. "541" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental office central Kansas town of six hundred population. No other dentist within twenty miles; water, gas, electricity. Wealthy agricultural community. Wish to retire. Dr. E. E. Wheatley, Gypsum, Kansas.

FOR SALE: Due to illness, thirty-seven year old practice in town of twenty-five hundred. Share office building with physician. New Ritter equipment. Twenty-five hundred dollars, easy terms. Dr. H. S. Scranton, Florence, Colo.

FOR SALE: Due to death, Florida practice in large city, established twenty years. Good industrial and agricultural center. Three chairs, gas machines, air compressor, and large fully equipped laboratory. "542" Oral Hygiene, Pittsburgh, Pa.

POSITION WANTED with one or group of dentists, northwest, preferably Arkansas, by technician, twenty-two years experience with nationally known dentists. Perfect health. Precision attachment and bridgework, fixed and removable. Handle all gold work, plastic, and porcelain. Anatomical setups. Own equipment. "543" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice and equipment. Established thirty years. One thousand dollars cash will handle, balance monthly payments. Retiring. Dr. R. E. Striegel, 415 Bartlett Bldg., Los Angeles, Calif.

FOR SALE: Retiring. Four delightful rooms; ample closets, complete Ritter equipment office and laboratory; instruments, materials. Established, reasonable. Montclair Center. Dr. John Humphrey, 10 South Fullerton Avenue, Montclair, N.J.

DENTAL TECHNICIANS available. All-around men. Willing to travel anywhere. Steady work preferred to high wages. Several are veterans. Box 544, Oral Hygiene, Pittsburgh, Pa.

Doctor: YOU SAVE VALUABLE CHAIR TIME WITH ALL THREE Of These GETZ-400 SPECIALTIES

Elastic IMPRESSION POWDER

for
PARTIALS,
FULL DENTURES,
INDIRECT INLAYS,
CROWNS, FIXED BRIDGES
and
DUPLICATING MODELS

No Ice Water Required . . . Use ordinary tap water up to 80°.

No capsules, tablets or solutions needed.
More accurate and tougher than hydrocolloids. No distortion.
Model surfaces hard as rock, smooth as glass.
15% more material. 10 full units and 4 half-units, or all half-units.

1 Box, $4.00; 3 Boxes, $10.00 Net;
12 Boxes, $36.00 Net.
1 lb. Moisture-proof Glass Jar, $3.50;
12 Jars, $3.15 ea.

Dual-Purpose IMPRESSION PASTE

for
PRESSURE
or
NON-PRESSURE
TECHNIQUES

Mix is thin and creamy enough for impressions without pressure.
Material is **NOT STICKY**. Wipes off with a towel.
Setting time controlled at 3½ min. in the mouth.
Impression may be resoftened over flame and re-carried to the mouth. Has topical anesthetic to aid gagging patients.
Does not crystalize but sets definitely . . . safe to handle and wrap immediately.

1 Package (12 to 15 Impressions), $3.00
3 Pkgs., $8.00 Net
(Laboratory Size, 1 Pint of each, Brown & White, $12.50)

4% ORYL BRAND PROCAINE

with
***NEO-SYNEPHRINE**
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For Safe, Profound Anesthesia

In difficult cases you can expect to get safe, profound anesthesia in 1½ minutes, lasting approximately one hour.
There is no prolonged numbness of the jaw.
Special process of manufacture prevents discoloration.
Can be used on diabetics, pregnant women and children . . . even on patients with cardiac heart condition.
Box of 100 Cartridges, $6.25; 2 Boxes, $6.00 ea.
5 Boxes, $5.75 ea.; 11 Boxes (including 1 extra box free from the factory), $55.00

You may test these products without cost or risk.
Order from your dealer on our money-back guarantee.

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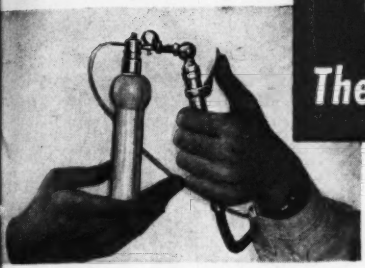
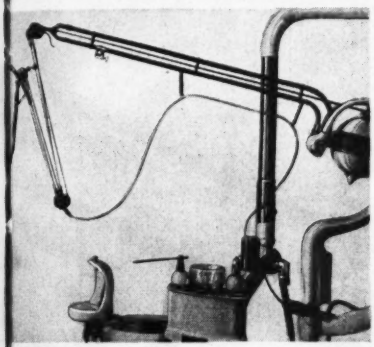
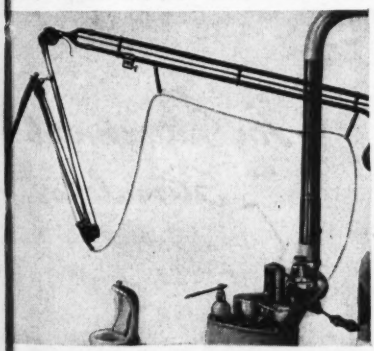
GANZ *presents the New*
THERMOFLOW
PAT PEND
Thermal Control Attachment



del P—Patient Operated Air, Water Spray. psychological advantage. Price **$25.00**



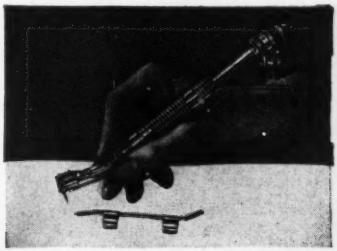
del A—Automatic and Synchronized Air, water pray. Installed by your dealer. Price **$55.00**



del C—Automatic, Synchronized Water, per- ent installation by your dealer. Price **$80.00**
ttachment for Model C. $5.00 add.

Available in Three Standard Models for AIR, WATER, or BOTH

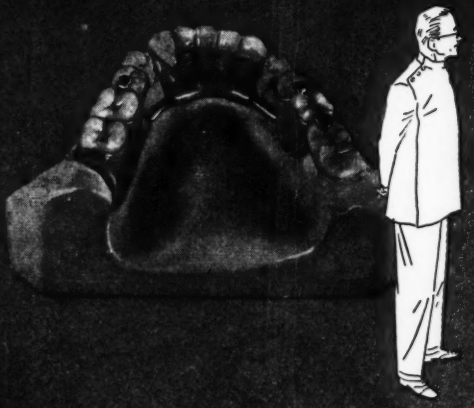
REDUCE PAIN by eliminating the frictional heat generated by rotating cutting tools. During cavity preparation, use the **THERMOFLOW** attachment and reduce frictional heat to a minimum by cooling the bur stone, disk, or diamond point. Provides better vision by removing debris from operating field. Saves time by keeping cutting tools sharper longer and allows for more continuous drilling.



Beautifully Styled Stainless Steel Nozzles

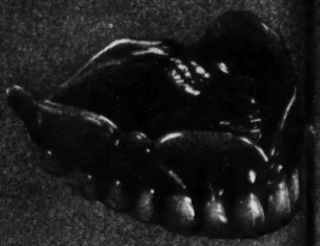
1. Note how streamlined nozzles fit all standard handpieces and contra-angles
2. No screw needed to tighten nozzles in place.
3. Stainless steel springs and clamps keep plastic tube well out of way.

When ordering specify type of electric current and kind of equipment. Write for folder describing in detail this modern aid to better dentistry.



micrometc

holds molded form



molds perfectly

no distortio

COSMOS DENTAL PRODUCTS INC.

accurate as cast metal"

The precision molding made possible with Densene "33" makes it the *only* denture resin that is consistently successful in partial restorations—the severest test than any resin can be put to!

Densene "33" molds with micrometric accuracy and *retains its molded form in mouth service.* No breakage, malocclusion or traumatization of ridges can be caused through warpage or distortion, since all disrupting internal stresses which ordinarily cause dimensional changes *are dissipated as Densene "33" cures!*

That's why you get definite resin-to-tissue fit—why the accurate molded form of Densene "33" full and partial dentures is *retained* in mouth service.

One of the largest and most reputable laboratories in the country reported an astounding average of only one remake for every 750 Densene partial restorations produced during the year.

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no warpage

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WHO'S WHO AND WHERE

ADVERTISING INDEX

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions

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10 Reasons FOR LEADERSHIP

Ten qualities tell you why Kerr Compound continues to be the great world leader—

1. Softens easily and uniformly at *moderate* temperatures
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7. Surface responds readily to flaming
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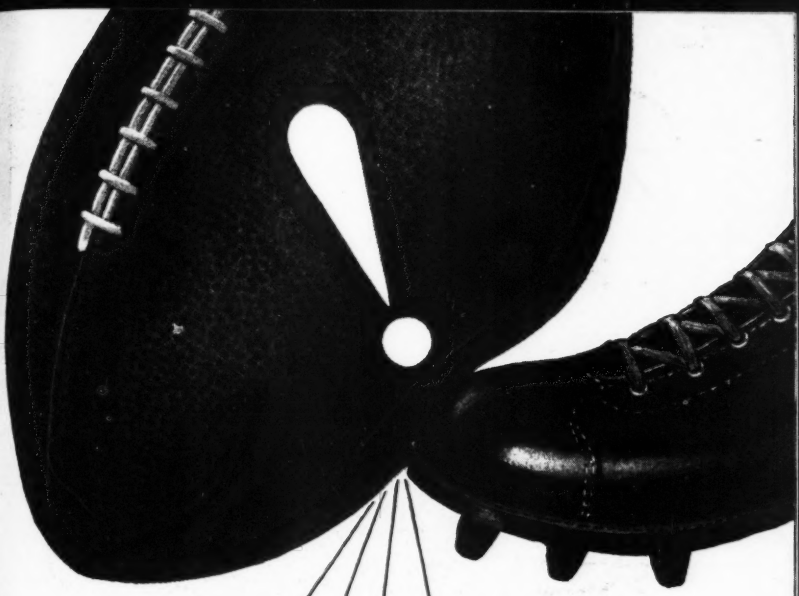

In the crisp fall air, a whistle blows . . . toe meets pigskin and the game is on. The impact of cleated shoe against leather-covered ball re-occurs dozens of times in the course of the contest. But think of the frequency of the force that is applied on gold inlays and the countless times that teeth are occluded in the course of a day . . . every day.

Tinker #2 is a Spyco gold designed to withstand the constant battering of opposing teeth under the most adverse conditions. It's recommended for *hard inlays, 3/4 crowns* and *cast bridgework* where great strength is essential and minimum bulk is desirable. It has an exceptionally high platinum content and is guaranteed to comply with A.D.A. Specifications, Type C Inlay Golds . . . $2.35 per dwt.

Tinker #1 is a medium hard inlay gold for general inlay work. It has sufficient hardness to prevent spreading of gingival margins under setting or the natural forces of mastication—yet it burnishes beautifully. Certified to comply with A.D.A. Specifications, for Type B Inlay Golds . . . $2.25 per dwt.

There is a dependable Spyco gold for every purpose. Your dealer carries these Spyco products: casting golds, clasp wires, lingual bars, orthodontia materials, plates and solders. Complete information available promptly on request. Write today.

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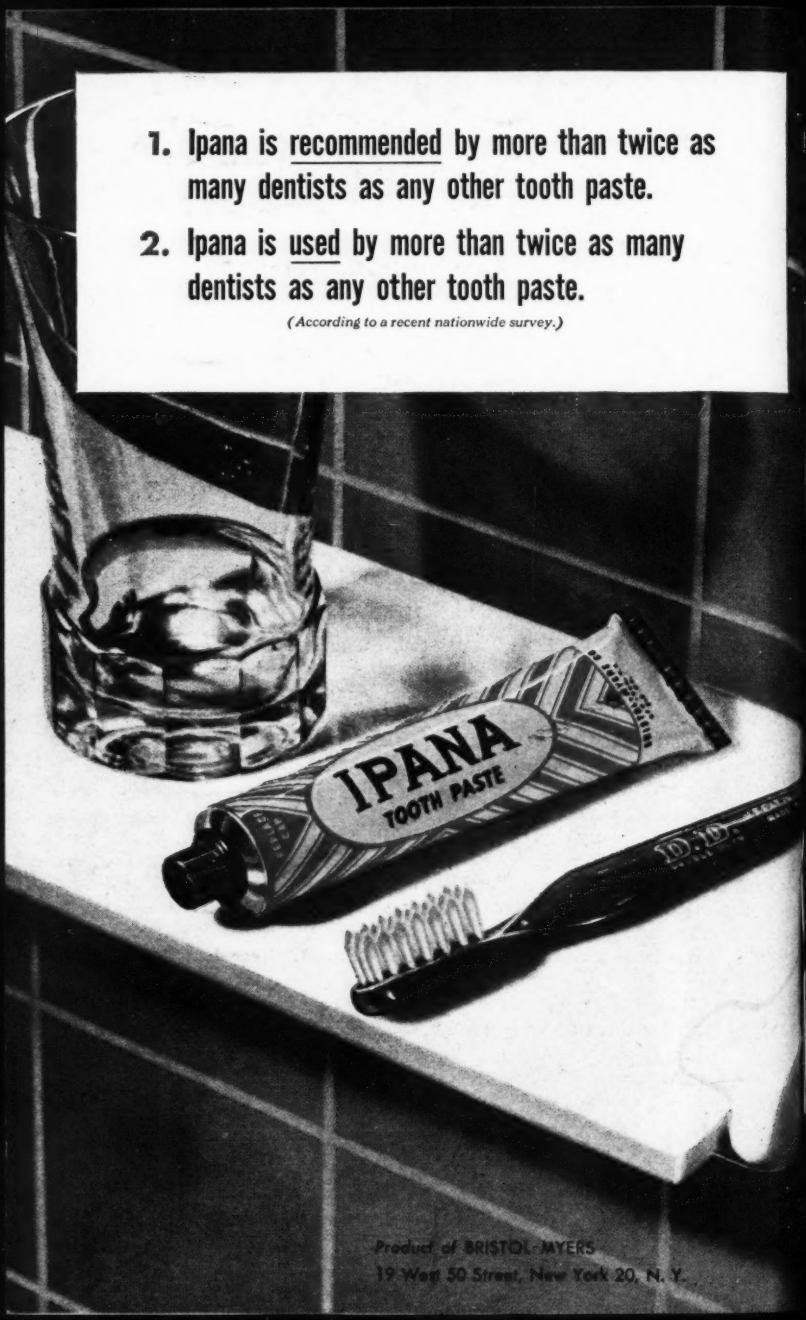
1. Ipana is recommended by more than twice as many dentists as any other tooth paste.
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(According to a recent nationwide survey.)
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